WM. C.MARCH F/H INC. 1101 EAST NORTH AVENUE

STATE OF MARYLAND

2h HOUR

STATE

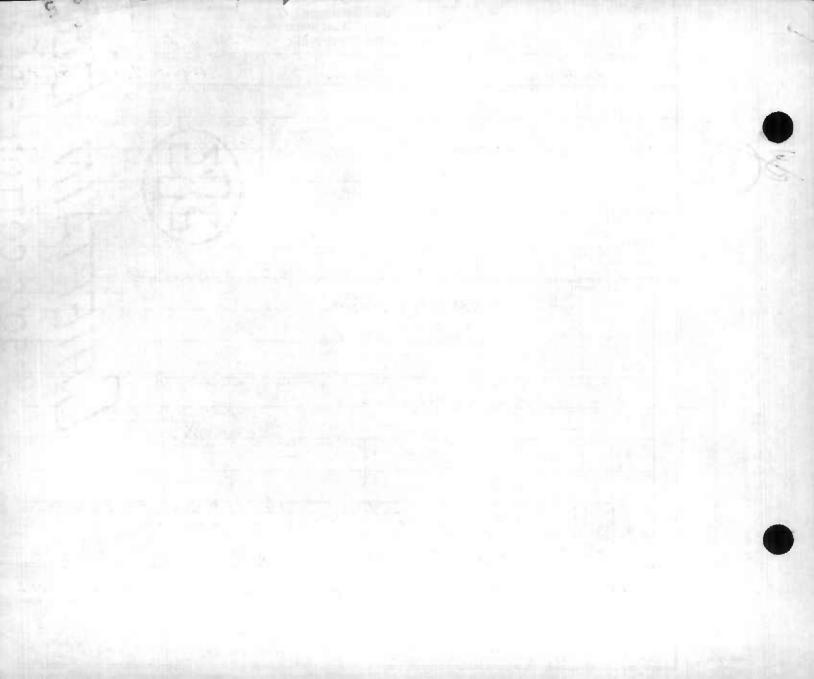
Maryland

Laurel

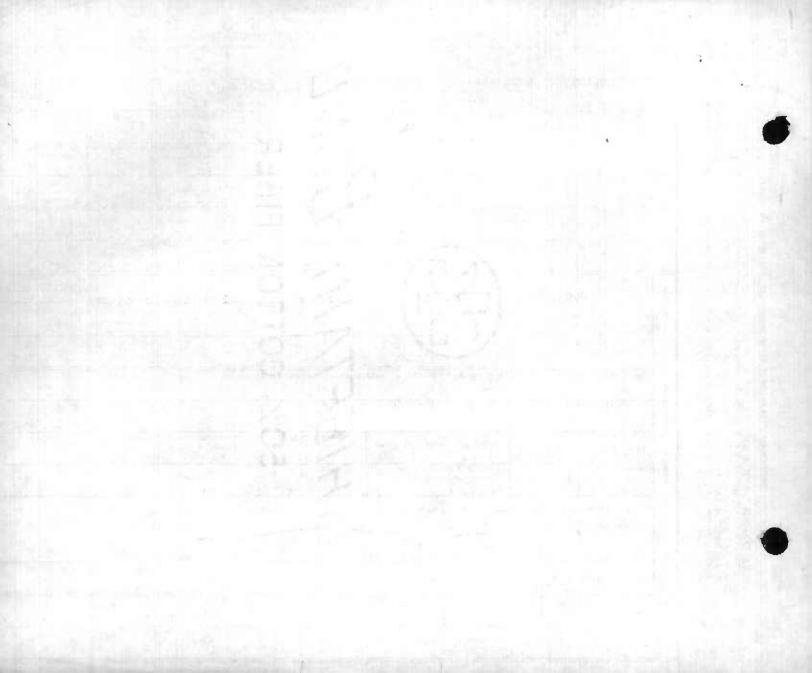
250. DATE REC'D, BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR



1	Ite	ms, 18a, 19b	,21a,21b,21		FMARYLAND	INCIENT (A)	A		
1	21e	,12 STATE & 22a,	10/3/86 by	DEPARTMENT OF HEAD	LTH AND MENTAL H	E DEATH	2000		
00-	1 4 6 6Mg d	REGISTRAR F.X	G-620/GbJ	MIDDLE	JAST LAST	REG.			
	1 4 0 0 5 5	(TYPE OR PRINT)				20. DATE KNOWN OF ESTI-			
	PLEASE IRECTOR. UR FILES. 2 HOURS N STREET,	3 SEX 4 RACE	Robert S DATE OF BIRTH	P. 6 AGE (IN YEARS II	Adams FUNDER 1 YR. HE UNDER	DEATH MATED	8-1 1986 M		
1	REC. P.I.		MONTH DAY	YEAR LAST BIRTHDAY) N	ONTHS DAYS HOURS	MIN. PRONOUNCED	9:38		
	900C0		B 2 27	59 27 YRS.		DEAD	8-1 1986 D. M		
	NA SAR	TO BIRTHPLACE (STATE OR FOREIGN COUNTRY)	/b. CITIZEN OF WE	76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 19. BALTIMORE CITY OR COUNT					
	ZE . COL	Maryland	U.s	U.s.a. WIDOWED DIVORCED Baltimore City					
		18. CITY OR TOWN OF DEA		11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK I FOR MOST OF WORKING LIFE)					
	\$00 H	Baltimore		Francis Street	et	N/a			
	2, AND TO 2, AND TO 3. RETAIN 2 SHOULD BE		SING HOME OR OTHER INSTITUTION, GO	VE RESIDENCE BEFORE ADMISSION)	1138. INSIDE CITY LIMITS?	13e STREET ADDRESS			
2120	ANDON	Maryland		Baltimore	YES TO D	2450 Francis	Street 21217		
MD.	H. 7.2.	14 FATHER'S NAME	WIDDLE	LAST	15. MOTHER'S MAID!		LAST		
m oc	LES LES LES	Paul	7110000	Adams	Earli		Gibson		
WO	PAG PAG ORA S 1.	160 WAS DECEASED EVER I	N U.S. ARMED FORCES?	166 SOCIAL SECURITY NO.		ADDRE	55		
BALTIMORE, MD.	JURS AFTER DEATH. II 18. GIVE PAGES 1, 2, 1. WITH FORM, PM 3. III. PAGES 1 AND 2 S. 2, DIVISION OF WITH.	no	(IF TES, GIVE WAR ON DATES)	250198778	Tucille	Tomonery 2/150	Francis Street		
	24 HOURS ITEM 18. G LONG WIT PERMIT. P. GIENE, DIV	18 CAUSE OF DEATH	1 (Enter anly ane cause per line		1 200 1110	10110111.14 7470	APPROXIMATE INTERVAL		
TS N	MA 1 INE.	PART I DEATH WA	AS CAUSED BY. IMMEDIATE CAUSE (a) Na		Acute Eth	anol Intoxi	BETWEEN ONSET AND DEATH		
0	ALONA YGIE OVA	1772/		AS A CONSEQUENCE OF	- ACUCC III-II	auvi iiiixi	·		
2	SEA THE	Canditians, if a							
×.	MIN TRENCH	gave rise to cause (a) stating	7	AS A CONSEQUENCE OF					
201	N. ALAL	lying cause last.	(0)						
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	A ANIC	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL O	ISEASE OR CONDITION GIVEN IN PA	RT 1 (a).			
Ö	S A LITH								
×	L. CARDA	190 DATE OF OPERAT	TION 196 CONDIT	ION FOR WHICH OPERATIO	N WAS PERFORMED?		20 AUTOPSY?		
¥	SE S	<u> </u>	THE RESERVE TO SERVE				YES 🔀 NO 🗆		
→ F	WC W	210 EXTERNAL CAUS			HOW INJURY OCCURRE	D LENTER NATURE OF INJURY IN ITEM			
NO	A PLANTAN		AUSE OF DEATH ? P.M.	MONTH DAY YEAR	Subject use	ed drugs and	alachal		
ISIO	ERTIII ING ING ING PRIC	O 214 IN HIRY OCCUPPE	ED 21e PLACE C	OF INJURY (AT HOME, 211	LOCATION	ed drugs and	alcohol		
2	ARIT ARDE SOLUTION AND SOLUTION	WHILE NOT W	WHILE DORK HOLD	ORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE		
	E, W RWA RWA STA STA (, 21		The second secon	1	5792		Balto., - Md.		
	A E S S E E E E E E E E E E E E E E E E		one charge of the remains day	tribed above, held an Av		1	and in my opinion		
	STIFE SECTION OF SECTION OF SECTI	death resulted from	Natural Equisits	Ageident L. Sunder	Homicide	Undetermined manner 13	J.		
	WAY VEE	ACTUAL	11111 6	4. 17 m/1	TITLE (SPECIFY)		DATE 8-2-86		
,	SHE SHE	SIGNATURE	many y	aryon one	Assistan	MEDICAL EXAMINER	SIGNED 0-2-00		
	NO CENTE	EXAMINER'S NAME	Dennis F.	Smyth, M.D.	111	Danie Ot Dalt	21201		
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL- TRANSIT PERMIT. AFTER PEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, D BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	(TYPE OR PRINT)				Penn St., Balt	o., Md. 21201		
	01/1	Burial	8/7/86	MOUNT AUB		23d LOCATION CITY OR TOWN Baltimore	COUNTY STATE Md.		
07/84 25M	BP Jap	24 FUNERAL DIRECTOR	1 0/1/00	PIOONI AUE		REC'D. BY REGISIRAR 256 RE			
	DHMH - 17 (VR A15 MF (5))		H Inc. 1101 F	E. North Ave.	AU		1		



					STATE OF MARYLAND		
00-	15945	1-	FOR STATE REGISTRAR	DEPAR	CERTIFICATE OF DEATH	REG. NO.	208/
			CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
	3 2 2	(TYPE	CALDOT	TY	ADCOCK	08	19 86 7:40 AM
	Ap ap	3. SEX		RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	e 4	171	FEMALE	Cauci.	10 20 1902	8'3 YRS	MONTHS DAYS HOURS MIN.
1	2 33		RTHPLACE (STATE OR FOREIGN 7	b. CITIZEN OF WHAT COUNTRY	? 8	9 BALTIMORE CITY OR COUN	TY OF DEATH
	\$ TE \$4	(OUNTRY	USA.	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIHORE	CITY MD
	1 1 P	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b, KIND OF BUSINESS OR
5	5 51 75	13.	ALTIHORE !	SOUTH BALTIMO	RE GENERAL HOSP.	HOHEHAKE.K	LIFE) INDUSTRY
212	2 22 4	USU	AL RESIDENCE (IF NURSING HOME OR C			13e.STREET ADDRESS / ZIP_CO	
9	7 11 10	,54. 0	MB ANNA	RUNDEL Clen	BURNIEYES 2 NO 8	6662 SHELLY RD	,21061
7	4 11	14 FA	THER'S NAME	ADDIE LAST	15. MOTHER'S MAIDEN NA	MIDDLE	LAST
MAS	1800	1.	Rob	- Jo	hns UN	K,	(40)
CHO	1 3: 11		VAS DECEASED EVER IN U.S. ARA			ADDRESS	मा ८ या बन
Q1	155		NO	WAR OR DATES) 2/2-2	2-6731 Bentley	Adoock 7620	4+h St.
-	4 C C C C C C C C C C C C C C C C C C C		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	y ane cause per line far (a), (b), o	and (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
=	the good and a second			CAUSE (a) CONG	ESTINE HEARI	FAILURE	3 DAYS
90	the contraction of the contracti			DUE TO, OR AS A CONSEQ	VENCE OF ASCULAR AC	and CUT	
0	deo deo des des rout		Canditians, if any, which	(16) CEKEBO	RO VASCULAR AC	CIDENI	
ofe -	the state of the s		cause (a), stating the underlying cause last.	DUE TO, OR AS	· IENCE OF		
3	of the party of th			(c)	KE	i is triber.	
- S	Signer Si	Z	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION C	IVEN IN PART ITO
8:	1 1117	CERTIFICATION	190, DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF Y	YES, WERE FINDINGS USED
00 00	9 1 10 1 1	TFIC					TIFYING CAUSES OF DEATH? YES NO N
ATI	the state of the	1	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCUP	RED (ENTER NATURE OF INJURY IN ITEM)	
40	34 111 10	¥	OR CONTRIBUTING CAUSE OF DEAT	in the second se	DAY YEAR		
NO N	ding of the second	MEDIC	21d. INJURY OCCURRED	21e PLACE OF INJURY	21f LOCATION	CITY OR TOWN	COUNTY STATE
NOISIAI	g a t a b b	Z	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE	E, FARM. ETC) SINEEL	CITY OR TOWN	COOMIT
ä	P A S S S S S S S S S S S S S S S S S S		22a I certify that (I) (this haspit	al) attended the deceased fram	18 AUGUST 19 86	to 19 AUGUST	. 19.86 , that (I) (we) last
-	TIEN TIEN TON THE PLAN THE PLAN TON THE PLAN THE PL		saw the deceased alive on above, (I) (we) (phd) did not		, and that in (my) (aur) apinian	death accurred an the date and h	aur and fram the causes stated
	A S S P P P		226. SIGNATURE	7	DEGREE		22c DATE SIGNED
	AL CALC		TAXOX		ME ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	8/19/86
-	HOSTITAL med By It FUNER old b der ORT	1	22d. PHYSICIAN SALAME LINE OF	PRIMA	22e ADDRESS		0-0
	TO HOS I		A	h. KLEIN	3001 S. HA	INOVER ST. 6	ALTIHORE HD
	5 5 5 4 3 ₹4	23a. l	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OF TOWN	* COUNTY STATE
	BP	-	BurlaL	8-22-86 (flen Haven Mem.		1e (A.A) Md.
	DHMH - 16 60M 7/84	24 FI	UNERAL DIRECTOR	ADDRESS	, 250. DA	TE REC'D. BY REGISTRAR 25b. REG	STRAR'S SIGNATURE
	(VRA 15, 4)	Ka	ymond C. FIN	K Gle	n BurNie Mollic	04 3000 11 1	in hand the state of
					7100		h

YTIS ANDRITORS 19312 CERT OF CHEST PLAN A LONG THE PROPERTY OF THE PROPERTY O THE LEASE SHOW IN MARKET Marie 15 44 A STATE OF THE STAT Angelow Table State Stat Bowind 8-22 The Flow House Heart (HA) Add Streem out of the Colon Bridge 144 The Colon Bridge

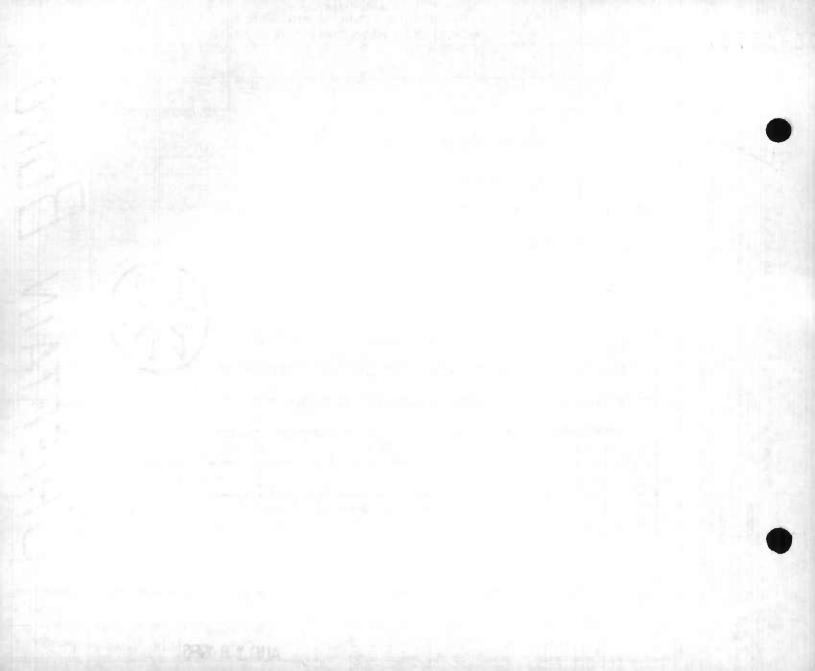


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20 DATE KNOWN S DAY (TYPE OR PRINT) 8-24-86 DEATH MATED STEPHEN 4 RACE 3. SEX AGE (IN YEARS 2d HOUR IF UNDER 24 HRS DATE 24. RONOUNCED 8:55P DEAD 8-24-8619 TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED ASHINGTON L DIVORCED Baltimore City 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 128 USUAL OCCUPATION (Type OF WORK 1126 KIND OF BUSINESS OR INDUSTRY Baltimore ETIRED Maryland General Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION CZTIMIT VTID AGISNI - BET 13e. STREET ADDRESS BRYLAND 630 WESTWOOD AYA 21217 14 FATHER'S NAME OHM 160 WAS DECEASED EVER IN U.S. ARMED FORCES? No CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY PRESTON ST Volvulus of jejunum IMMEDIATE CAUSE (o)___ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate DIVISION OF VITAL RECORDS, 201 W. cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 Id CERTIFICATION 19a. DATE OF OPERATION USED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E FORWARDED TO THE CTOR. PAGE 3 SHOULD BE USED STATE DEPARMENT OF H YES K NO [21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR 19 21e PLACE OF INJURY (AT HOME, 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOUID BE FORW. TO FUNERAL DIRECTOR: PAFFER DEATH, WITH THE STIP BALTIMORE, MARYLAND, 2" 22a I certify that I took charge of the remains described above, held on Autopsy and in my opinion death resulted from: Natural causes Homicide Undetermined monner TITLE (SPECIFY) DATE SIGNER -25-86 SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn Street (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236, DATE 23d LOCATION 23c NAME OF CEMETERY OR CREMATOR 07/84 BP 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5))

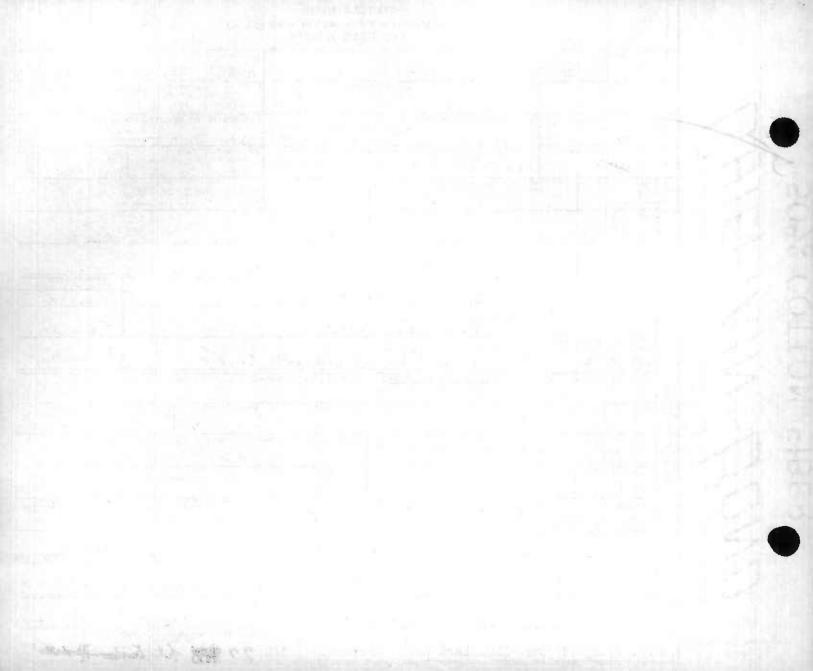
All the make his an investment

Particular de la companya del companya del companya de la companya del companya de la companya de la companya del companya de la companya della companya de la companya de la companya della companya del

	1	FOR			SED A DILATE	STATE OF	MAKYLAND	TAL HIVOIDA	- 0	9 0	2 13	
7 0 7	1	- STATE						TAL HYGIEN	TH	20	1	
	1.0	REGISTRAR DECEASED NAME	FIRST		MIDDLE		LAST	1	20 DATE KNOWN		DAY YEAR	2b. HOUR
	- (TYPE OR PRINT)	Eliza	a ABETH)	В.	(KANE)	Anderson	1	OF ESTI-		L3-86 ₉	20.11OOK
	3 5	EX	1 RACE	5. DATE OF BIRTH	6. AC	SE IN YEARS IF U			2c. DATE	MONTH		R 2d. HOUR
		female	black	12 25		59 YRS.	THS DAYS HO	DURS MIN I	PRONOUNCED DE AD	8-1	13-869	9:18a
K	70.	BIRTHPLACE (ST)	ATE OR	76 CITIZEN OF WE	AT COUNTRY?	T.	RIED NEVER	MARRIED [9. BALTIMORE CIT			
-				US	Α	WIDO	WED 🖔 D	ONORCED	Baltimor			MD
No.	10	CITY OR TOWN O	OF DEATH	11 NAME OF HOS	PITAL, NURSING		HER INSTITUTION	N 12a USU	AL OCCUPATION (TYPE OF WORK	OR INDUS	TRY
-		altimore			caddish			Ret	nost of working life)		Social	Security
2		STATE Md	13b. COUN	OR OTHER INSTITUTION, GE	13c CITY OR T	OWN	13d. INSIDE CITY LI	IMITS? 13e. STRE	1032 Brad	dish /	Avenue :	21216
1	14	FATHER'S NAME	4-4-1-4	WIDDLE	LAST		FIRST	MAIDEN NAME	WIDDLE		LAST	
	C	arter	51/50 h / · · · ·			Inderson	Ella				Morr	is
	160	(YES, NO, OR UNKNOV	EVER IN U.S. ARA	WED FORCES? WAR OR DATES)	166 SOCIAL S		17. INFORMAN		ADDRE		1:-1-0	
	=	No.	DE AVIL S			-9339 A	Altred	Cromar	tia 1032	Brado	dish Ave	
		PART I DE	ATH WAS CALICED	ly one couse per line D BY: TE CAUSE (o)A					discours		BETWEEN ON	SET AND DEATH
		1 / 22	IMMEDIA		AS A CONSEO		Cararov	vabcatat	<u>arbeabe</u>			
			s, if ony, which	(b)								
		couse (o)	stoting the under-	< '-'	AS A CONSEOL	JENCE OF				1307		
		lying cous	e 10\$1.	(c)						4736		
	Z		NIFICANT CONDITIONS	CONTRIBUTING TO OEATH	BUT NOT RELATED TO	THE TERMINAL OISEA	SE OR CONDITION GIVI	YEN IN PART 1 (a)				
-		190. DATE OF	OPERATION	196 CONDIT	ION FOR WHIC	H OPERATION	VAS PERFORMED	0?			20 AUTOPS	Y?
-	CEPTIFICATION				Y 3 - E						YES 🗆	NOX
200				21b. TIME OF HOUR A.M	INJURY MONTH DAY	YEAR 21c H	IOW INJURY OC	CURRED (ENTER N	ATURE OF INJURY IN ITEM	18 PART I OR PA	ART 2)	
	MEDICAL	CONTRIBUTIN	G CAUSE OF	DEATH P.M		19						
	MED		NOT WHILE		OF INJURY (AT ORY, FARM, ETC.)	HOME, 21f. LC	STREET		CITY OR TOWN	cc	OUNTY	STATE
		AT WORK	AT WORK									18
		22a. I certify		e of the remains des	cribed obove, he	ld on Auto	osy . Ins	spection .	Inquiry X	ond in my o	pinion	
		deoth resulte	d from: Notur	rol couses X.	Accident	Suicide	, Homicide		ermined monner].		
		ACTUAL	Mouse	nte Ma	e uhan		TITLE (SPEC			DATE	8-13-8	6
	7	SIGNATURE_	400-10	4114	1100	/			CAL EXAMINER	SIGNI	ED 17-01	
	1	EXAMINER'S N		argarita	A. Kore	11,M.D.	ADDRESS	Penn St	reet			
	230	BURIAL, CREMAT	ion, REMOVAL 2	3b DATE 8/19/86	Z3c NAME King	OF CEMETERY O	OR CREMATORY	23d LO	ndallstow	in cou	INTY	MQ.E
		FUNERAL DIRECT	TOR	ADDRESS			250.	DATE REC'D. BY	REGISTRAR 256 RE	GISTRAR'S	SIGNATURE	. 004
		March Fu	neral Ho	me West 4	300 Waba	ash Aven	ue	AUG 1	R 1986	- CALLAN	down ford	بنظره



1-16418	1.	FOR - STATE REGISTRAR		DEPARTA	AENT OF HE	OF MARYLAND ALTH AND MENTAL H' CATE OF DEATH	YGIENE Ó	2 2 0 9	
10710		CEASED NAME FIRST		MIDDLE	ŁAS	Ť	20 DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
noy be poge 3	1,	GLOR	IA	H AN	DERSO	N	AUGUST 2	3, 1986	12:45 ai
moy er d	3. SE	X	4. RACE		5. DATE OF		6. AGE (IN YEARS LAST BIR		
ge 4	F		B		MONTH	12 26	60	YRS.	S HOURS MIN.
6 62	75. B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	□ NEVER MARRIED □	9. BALTIMORE CITY O	R COUNTY OF DEATH	
1 25 8		arvland	U.s.	. a .	WIDOWED		BALTIMOR	E CITY	MD
11 11 355		ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME OR	OTHER INSTITUTION	12a USUAL OCCUPATE	ON 12b. KIND	OF BUSINESS OR
5) 3 3 5	BA	LTIMORE	THE JO	HACILITY, GIVE STREET	KINS	HOSPITAL	Nurse'Aid		Hopkins
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours oftending physician. When this certificate been signed by the ottending physician and completely filled in by as the buriol-transit permit. Then please remove corban papers. Pages I and 2 should be filled in and Mental Hygiene prior to buriol, cremation, or removal. orked or them 18 shows any injury, or other traumotic event, the medical examiner must be in	13n	AL RESIDENCE (IF NURSING HOME OF		GIVE RESIDENCE BEFORE		3d. INSIDE CITY LIMITS?			721
No 24	1	arvland		Baltimo		YES TO NO	201 Silver	Al	6
The state of the s	14. F.	ATHER'S NAME	MIDDLE	LAST		MOTHER'S MAIDEN	IAME		
MAR and win		Zeb	WIDDLE	Cullins	on	Mami e	MIDDLE	John	AST EOD
d conficol ex icol ex	16a	WAS DECEASED EVER IN U.S. A		166 SOCIAL SECU		7. INFORMANT	ADDRE	SS	5011
MORE e exec		YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	2162040	25	Robert And	erson 528 Ne	r Pittsburg	Arenne
ALTIN te be pers. F		18 CAUSE OF DEATH (Enter of	anly one couse per			HOUCE & BIRG	CI BOIL JEO NE		DXIMATE INTERVAL N ONSET AND DEATH
r., BAL inficate physici npoper moval.		PART I. DEATH WAS CAUS	ATE CAUSE (0)	Zardice	BIT	est			irales
N S Cent		IMMEDIA							
RESTON e death a e attendia move carb nation, or-		Conditions, if any, which	DUE 10, 0	RAS A CONSEQUE		rest		54	solución
he de he off		gove rise to immediate couse (a), stating the) (0)		7				
W.P hot the by the ase rer I, crem other	1	underlying couse lost	DUE TO, O	RAS A CONSEQUE	TICE DE	rouclugeni	c (auxer	18	nowths
201 ned plec		PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO E				DITION GIVEN IN PART	lia
RDS, a sign Then to be injury	N O								
beer mit prior	CERTIFICATION	19a. DATE OF OPERATION	196. COND	ITION FOR WHICH	OPERATION	WAS PERFORMED	20a AUTOPSY?	206 IF YES, WERE FIND	DINGS USED
he lo on. hos per ene	H H	STATE OF THE STATE					YES NO NO	IN CERTIFYING CAUSE	NO T
VITAL R. IN. The I hysicion. Icote hos ronsit pe Hygiene 18 shows	1 8	210. ACCIDENT WAS UNDERLYING				21c HOW INJURY OCC	URRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PART 2)
PHYSICIAN: ending phys this certifico te buriol-tror dd Mentol Hy d or item 18		OR CONTRIBUTING CAUSE OF D	CAIN	M. MONTH DA	19				
HYSICIA Triding ph Tris certifi buriol-tri I Mentol or Item	MEDICAL	21d. INJURY OCCURRED	21e. PLACE	OF INJURY		21f. LOCATION			
DIVISION DING PHOR Office of the order of th	E	WHILE NOT WHILE AT WORK	(AT HOME, ST	REET, FACTORY OFFICE, F	ARM ETC)	STREET	CITY OR TO	WN COUNTY	STATE
Ath of the Ath		22a. I certify that (I) (this has	oral) ottended th	ne deceased from	Blat	19 5	0 10 8 23	1086	, that (I) (we) lost
TEN FOR F He		sow the deceased ofive o obove, (1) (we) (did) (did r	1	7	56 , ond		on death occurred on the de		
RECT Per Price of the price of		obove, (I) (we) (did) (did r	not) view the body	after death.		GREE			E SIGNED
the Distriction		Ci Closed	chon. (200	K	- ATTENDING	MEDICAL STA	F . Q1-	
HOSPITAL ned by the FUNERAL slid be det the Store	-	224 PHYSICIAN'S NAME CTYPE	OR PRINT)			PHYSICIAN 27e ADDRESS	DIRECTOR PHYSIC	IANDA	3 30
O HOSPITA etu ined by 1 TO FUNERA should be de		Clifford	Low	110		The The	s teptius t	S 1.1. 120	v. HO RD
TO HOSPITAL TO FUNERAL I should be deto with the Store I	22.	PUBLIC CREMATION PROCESS			IAME OF CE			who see	
		BURIAL, CREMATION, REMOVA				METERY OR CREMATOR	CITY OR TOWN	COUNTY	STATE
BP		uneral director	8/28/	86 Ce	edar H		Anne Anne Anne Anne Anne Anne Anne Anne		Maryland
DHMH - 16 60M 7/84		n.C.March F/H I	'wa 7707	ADDRESS	a+ 1				
(VRA 15, 4)	MI	n.C.March r/H 1	TIG. TIO	L Last NO	CII AV	enue A	JIS 2.7 138	Julia Beirdon	Novemen



	- 15	94	0	1-	FOR STATE		DEPARTM	MENT OF H	OF MARYLAND EALTH AND MENTAL HY	GIENE O 2	2 0	1 1	dia
, 0	, 0				REGISTRAR				ICATE OF DEATH	REG. NO			
		m e		1. DE	CEASED NAMERICA FIRST		MIDDLE	L	AST	20. DATE OF DEATH	NONTH DAY	YEAR	2b. HOUR
	y be	deot			Salome	a	В.	An	drzejewski	August 20), 1	986	6:30 am
	E	r, po		3. SE	X	4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIRTH		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
	ale 4	cto rs of		F	emale	Caucas	ian	Nov.	3. 1891	94	YRS.	VIIIS DATS	Mar.
1	a.	9.0	DI		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 AA A P D IS I	□ NEVER MARRIED □	9 BALTIMORE CITY OF	COUNTY O	FDEATH	AV ESVO
	1	15×	-	10	aryland	U.	S. A.	WIDOWE		Baltimore	City.		MD.
1	100	31	300	10 CI	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		R OTHER INSTITUTION	120 USUAL OCCUPATION	NC	12b. KIND OI INDUSTRY	BUSINESS OR
5	1 0	Top (3	B	altimore		olcroft S			Housewif		→ →	
2	1	5.5	4. /	₩5U,	AL RESIDENCE (IF NURSING HONDITATE	AE OR OTHER INSTITUTION	13c. CITY OR TOW	ADMISSION)	134 INSIDE CITY LIMITS?	13e STREET ADDRESS			11 11 11 11
Q.	7.	all of	3				Baltimor		YES NO	326 Folcro	ft St.	#2122	24
YEA	4	iel 2 sil	- In	14 FA	THER'S NAME	WIDDIE	LAST	0	IS. MOTHER'S MAIDEN NA		-1787-71		
MAR	70	opd opd	exo		Augustyn	MIDDLE	Weber		Constanc	MIDDLE B.		Maj	ski
E.	ecute	age See	ico		VAS DECEASED EVER IN U.S	ARMED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDRE	SS	#212	
BALTIMORE, MAR	,	Poges	medicol	(No -	GIVE WAR OR DATES)	212-74-1	915	Florence C.	Andrzejewski	1-326 F		
ALT	e p	pers.	the		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA	er only one couse pe	r line for (o), (b), one	d (c		^			MATE INTERVAL
E.,	tifice	physic n pope movol.	vent			USED BY: DIATE CAUSE (0)	Cardio-	Pulm	enco. Ano	1			
Z	Cer	ding or re	ofic e		(AALAAC)		R AS A CONSEQUE		3				
PRESTON	eoth	then ve co	E C		Conditions, if any, which		A CONSCOR						
	e e	emo mot	er tro		gove rise to immediate couse (0), stating the		R AS A CONSEQUE	NCE OF			100		
3	101	by t ose r l, cre	othe		underlying cause lost		K AS A CONSEQUE	INCE OF					
201	es -	ple ple	y. or		PART 2 OTHER SIGNIFICAL		ONTRIBUTING TO D					IN PART 10	ı
S	5	0 5 0	5					DEATH BUT	NOT RELATED TO THE TERM	ainal disease or cone	JITION GIVEN		
2	9	The The	5	NO				DEATH BUT	NOT RELATED TO THE TERM	ainal disease or cone	DITION GIVEN		
ECORE	ow red		ony in	CATION	190 DATE OF OPERATION	196 COND			NOT RELATED TO THE TERM N WAS PERFORMED	AINAL DISEASE OR CONE	20b. IF YES, V	VERE FINDIN	GS USED
AL RECORD	he low req	hos been si t permit. The ene prior to	Z ows ony in	TIFICATION		196 COND						VERE FINDIN	GS USED OF DEATH?
VITAL RECORD	N: The low req	e hos been si it permit. The giene prior to	lla shows ony in	CERTIFICATION	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	21b. TIME C	OTTION FOR WHICH	OPERATIO:		20g AUTOPSY? YES NOTOK	20b. IF YES, V IN CERTIFYIN YES [VERE FINDIN NG CAUSES	OF DEATH?
OF VITAL RECORD	ICIAN: The low req a physicion.	ficate has been si fransit permit. The	lem 18 shows ony inju	-	190 DATE OF OPERATION	21b. TIME C	ITION FOR WHICH	OPERATIO:	N WAS PERFORMED	20g AUTOPSY? YES NOTOK	20b. IF YES, V IN CERTIFYIN YES [VERE FINDIN NG CAUSES	OF DEATH?
ION OF VITAL RECORD	0_	is certificate has been si burial fronsit permit. The Mental Hygiene prior to	or Item	-	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER, NOTIFY MEDICAL EXAM 21d IN JURY OCCURRED	21b. TIME C HOUR A INER) P	OTION FOR WHICH DE INJURY .M. MONTH DA .M. OF INJURY	OPERATION AY YEAR 19	N WAS PERFORMED	20g AUTOPSY? YES NOTOK	20b. IF YES, V IN CERTIFYIN YES (Y IN ITEM 18, PART	VERE FINDIN NG CAUSES	OF DEATH?
IVISION OF VITAL RECORD	VG PHYSICIAN: The low req ottending physicion.	certificate has been si mol fransit permit. The ental Hygiene prior to	Hem	MEDICAL CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING	21b. TIME C HOUR A INER) P	OF INJURY .M. MONTH DA	OPERATION AY YEAR 19	N WAS PERFORMED 21c HOW INJURY OCCUR	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUR	20b. IF YES, V IN CERTIFYIN YES (Y IN ITEM 18, PART	VERE FINDIN NG CAUSES	OF DEATH?
DIVISION OF VITAL RECORDS.	DING PHYSIC	is certificate has been si burial fronsit permit. The Mental Hygiene prior to	or Item	-	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (HE EITHER, NOTHEY MEDICAL EXAM 21d IN JURY OCCURRED WHILE NOTWHILE AT WORK 220 I certify that (1) (this h	21b. TIME C HOUR A INER) P 21e PLACE (AT HOME, ST	OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F.	OPERATIO AY YEAR 19 ARM, ETC.)	21c HOW INJURY OCCUR	208 AUTOPSY? YES NO.	20b. IF YES, V IN CERTIFYIN YES [Y IN ITEM 18, PART	VERE FIND IN NG CAUSES	OF DEATH? NO STATE:
DIVISION OF VITAL RECORD	PHYSIC	TOR: After this certificate has been sign or use as the burial transit permit. The by Health and Mental Hygiene priar to	or Item	-	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (HE EITHER, NOTHEY MEDICAL EXAM 21d IN JURY OCCURRED WHILE NOTWHILE AT WORK 220 I certify that (1) (this h	21b. TIME C HOUR A INER) P 21e PLACE (AT HOME, ST	OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F.	OPERATIO AY YEAR 19 ARM, ETC.)	21c HOW INJURY OCCUR	208 AUTOPSY? YES NO.	20b. IF YES, V IN CERTIFYIN YES [Y IN ITEM 18, PART	VERE FIND IN NG CAUSES	OF DEATH? NO STATE:
DIVISION OF VITAL RECORD	DING PHYSIC	TOR: After this certificate has been sign or use as the burial transit permit. The by Health and Mental Hygiene priar to	Hem 21 is morked or Hem]	-	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF IFEITHER, NOTIFY MEDICAL EXAM 21d INJURY OCCURRED WHILE NOTIFY MEDICAL EXAM AT WORK NOTIFY MEDICAL EXAM	21b. TIME C HOUR A INER) P 21e PLACE (AT HOME, ST	OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F.	OPERATIO AY YEAR 19 ARM, ETC.)	216 HOW INJURY OCCUR 216 LOCATION STREET 217 LOCATION STREET 218 LOCATION STREET	200 AUTOPSY? YES NOSK RED (ENTER NATURE OF INJUR CITY OR TOW deoth occurred an the do	20b. IF YES, V IN CERTIFYIN YES [Y IN ITEM 18, PART	VERE FIND IN NG CAUSES	STATE: hot (I) (we) last
DIVISION OF VITAL RECORD	DING PHYSIC	DIRECTOR: After this certification becomes socked for use as the buriol transit permit. The Dept of Health and Mental Hygiene prior to	If Hem 21 is morked or Hem]	-	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (HE EITHER, NOTHY MEDICAL EXAM 21d INJURY OCCURRED WHILE NOTWHILE AT WORK AT WORK Sow the deceosed olive obove, (1) (we) (did) (did 22b. SIGNATURE	21b. TIME C HOUR A HOUR A P 21e PLACE (AT HOME, ST cospital) of tended the e on 9 (1) d not) view the body	OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F.	OPERATIO AY YEAR 19 ARM, ETC.)	21c HOW INJURY OCCUR 21f LOCATION STREET d that in (my) (our) opinion DEGREE ATTENDING	208 AUTOPSY? YES NO.	20b. IF YES, V IN CERTIFYIN YES [Y IN ITEM 18, PART N	VERE FINDING CAUSES 1 OR PART 2) COUNTY	STATE: hot (I) (we) last
DIVISION OF VITAL RECORD	DING PHYSIC	DIRECTOR: After this certification becomes socked for use as the buriol transit permit. The Dept of Health and Mental Hygiene prior to	If Hem 21 is morked or Hem]	-	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CHEETING TO CAUSE OF CHEETING OF CONTRIBUTING AT WORK 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 270 I certify that (1) (this h saw the deceased alive obove, (1) (we) (did) (did	21b. TIME C HOUR A HOUR A P 21e PLACE (AT HOME, ST cospital) of tended the e on 9 (1) d not) view the body	OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F.	OPERATIO AY YEAR 19 ARM, ETC.)	21c HOW INJURY OCCUR 21f LOCATION STREET d that in (my) (our) opinion DEGREE ATTENDING	206. AUTOPSY? YES NOTE: NOTE	20b. IF YES, V IN CERTIFYIN YES [Y IN ITEM 18, PART N	VERE FINDING CAUSES 1 OR PART 2) COUNTY	STATE: hot (I) (we) lost causes stoted SIGNED
DIVISION OF VITAL RECORD	HOSPITAL OK ATTENDING PHYSIC ined by the hospital or ottending	DIRECTOR: After this certification becomes socked for use as the buriol transit permit. The Dept of Health and Mental Hygiene prior to	If Hem 21 is morked or Hem]	-	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (HE EITHER, NOTHY MEDICAL EXAM 21d INJURY OCCURRED WHILE NOTWHILE AT WORK AT WORK Sow the deceosed olive obove, (1) (we) (did) (did 22b. SIGNATURE	21b. TIME CHOUR A HOUR A INER) 21e PLACE (AT HOME, ST OSSPITO) Differed of the on S 1 d on the body of the body o	OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F. B 19 ofter death	OPERATIO AY YEAR 19 ARM, ETC.)	216 HOW INJURY OCCUR 216 LOCATION STREET d that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN [200 AUTOPSY? YES NOW NOTE OF INJUR CITY OR TOW CITY OR TOW death occurred an the do MEDICAL STAF DIRECTOR PHYSIC	20b. IF YES, V IN CERTIFYIN YES [Y IN ITEM 18, PART N	VERE FINDING CAUSES 1 OR PART 2) COUNTY	STATE: hot (I) (we) lost causes stoted SIGNED
DIVISION OF VITAL RECORD	DING PHYSIC	DIRECTOR. After this certification been stacked for use as the buriol fromst permit. The Dept of Health and Mental Hygiene prior to	If Hem 21 is morked or Hem]	WEDICAL WEDICAL	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (HE EITHER, NOTHEY MEDICAL EXAM 21d IN JURY OCCURRED WHILE NOT WHILE AT WORK 270 Leerlify that (1) (this h saw the deceased alive obove, (1) (we) (did) (di 272b. SIGNATURE 272d PHYSICIAN'S NAME (TO MELVIN WELL) SURIAL, CREMATION, REMO	21b. TIME C F DEATH HOUR A HOUR A HOUR A LINER) 21e PLACE (AT HOME, ST e on 9 L d not) view the bod, VPE OR PRINT) CONTROL OF THE CONTROL CONTROL O	OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F. B 19 ofter death	OPERATION AY YEAR 19 ARM, ETC.)	216 HOW INJURY OCCUR 216 LOCATION STREET 217 LOCATION STREET 218 ATTENDING PHYSICIAN [220 ADDRESS	200 AUTOPSY? YES NOW NOTE OF INJUR CITY OR TOW CITY OR TOW death occurred an the do MEDICAL STAF DIRECTOR PHYSIC	20b. IF YES, V IN CERTIFYIN YES [Y IN ITEM 18, PART N 19. 1e and hour a	VERE FINDING CAUSES 1 OR PART 2) COUNTY	STATE: hot (I) (we) last causes stoted SIGNED 21/86.
DIVISION OF VITAL RECORD	HOSPITAL OK ATTENDING PHYSIC ined by the hospital or ottending	TO FUNERAL DIRECTOR. After this certificate has been si should be detached for use as the buriof transit permit. The with the State Dept. of Health and Ahental Hygiene prior to	If Hem 21 is morked or Hem]	WEDICAL WEDICAL	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (HE FITHER, NOTHEY MEDICAL EXAM. 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 270 I certify that (I) (this h saw the deceased alive obove, (I) (we) (did) (did) 272b. SIGNATURE 274 PHYSICIAN'S NAME (TO MELL'IN WELL'IN WELL''IN WELL''IN WELL''IN WEL	21b. TIME C F DEATH HOUR A HOUR A HOUR A LINER) 21e PLACE (AT HOME, ST e on 9 L d not) view the bod, VPE OR PRINT) CONTROL OF THE CONTROL CONTROL O	OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F. The deceased from Ofter death	OPERATIO AY YEAR 19 ARM, ETC.)	216 HOW INJURY OCCUR 216 LOCATION STREET 217 LOCATION STREET 218 LOCATION STREET 219 ATTENDING PHYSICIAN 220 ADDRESS 3400 Bank EMETERY OR CREMATORY DISLAUS Cem.	200 AUTOPSY? YES NOW RED (ENTER NATURE OF INJUR CITY OR TOW CITY OR TOW MEDICAL STAF DIRECTOR PHYSIC 1234 LOCATION Baltimore	20b. IF YES, V IN CERTIFYIN YES [Y IN ITEM 18, PART 19 te and hour a	COUNTY 22c. DATE:	STATE: hat (I) (we) last rauses stoted SIGNED. 21/86.
DIVISION OF VITAL RECORD	TO HOSPITAL OR ATTENDING PHYSIC	TO FUNERAL DIRECTOR. After this certificate has been si should be detached for use as the buriof transit permit. The with the State Dept. of Health and Ahental Hygiene prior to	IMPORTANT: If them 21 is marked or them 1	WEDICAL WEDICAL	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (HE FITHER, NOTIFY MEDICAL EXAM. 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 270 I certify that (1) (this h saw the deceased alive obove, (1) (we) (did) (did) 272b. SIGNATURE 22d PHYSICIAN'S NAME (TO MELVIN WELL)	21b. TIME C F DEATH HOUR A HNER) 21e PLACE (AT HOME, ST d not) view the body VPE OR PRINT) VAL 23b DATE	OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F. The deceased from Ofter death	OPERATIO AY YEAR 19 ARM, ETC.)	216 HOW INJURY OCCUR 216 LOCATION STREET 217 LOCATION STREET 218 LOCATION STREET 219 ATTENDING PHYSICIAN 220 ADDRESS 3400 Bank EMETERY OR CREMATORY DISLAUS Cem.	200 AUTOPSY? YES NOW	20b. IF YES, V IN CERTIFYIN YES [Y IN ITEM 18, PART 19 te and hour a	COUNTY 22c. DATE:	STATE: hat (I) (we) last rauses stoted SIGNED. 21/86.

The state of the s s Marola 2554 are terribal . So vacily 17.7-17-131 - - - - -Light of the light The state of the s

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO 20. DATE OF DEATH MONTH August 13. 1986 BALTIMORE CITY OR COUNTY OF DEATH Baltimore City. 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR Marter Sorter Westing LIFE UNDUSTRYPOST 13-STREET ADDRESS / Pratt St. -21224 Mary Bauer 17. INFORMANT Baltimore ADDRESS Md. 21224 212-05-9480- William J. Appel-3020 E. Pratt St. APPROXIMATE INTERVAL PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a

20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO \square 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE

22e.1 certify that (I) (the hospital) attended the deceased from August 12 1986 to August 13 1986, that (I) (w) Is saw the deceased alive on August 13 1986, and that in (my companion death occurred on the date and hour and from the causes stated -, to August 13 . 19 86 , that (I) w) lost

221 DATE SIGNE

27: ADDRESCHURCH Hospital Corp. 00 North Broadway Baltimore, MD. 21231

23c NAME OF CEMETERY OR CREMATORY Gardens of Faith 23a BURIAL, CREMATION, REMOVAL 8/16/86 Battimore, Maryland STATE

24 FUNERAL DIRECTOR John A. Moran, Inc. Funeral Hongs Date REC By REGISTRAR'S SIGNATURE AND Street Balto. Md. 21224 NUG 15 1986 juic Burden Andrews 3000 Baltimore Street Balto. Md. 21224

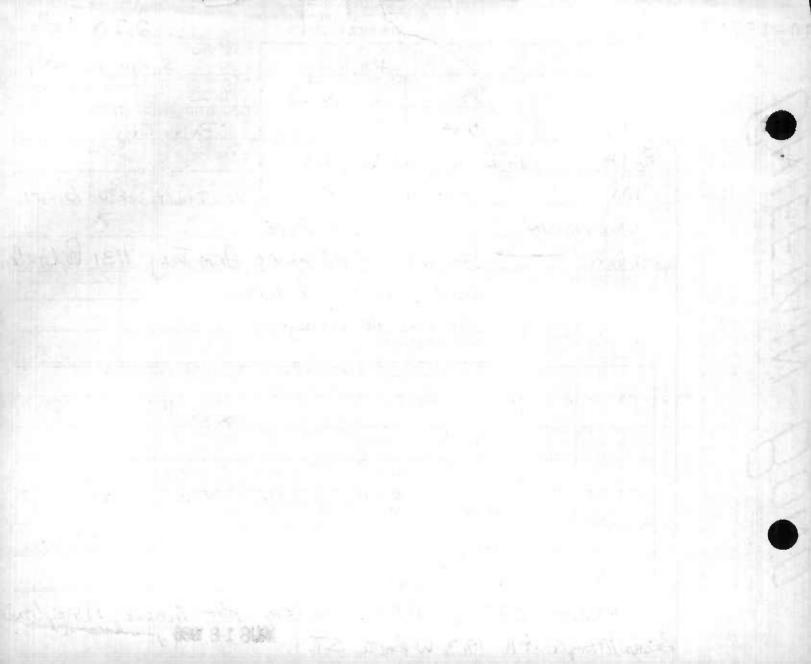
DHMH - 16 60M 7/84 (VRA 15, 4)

. Partimone Utto. AVAILED - . SE ASSET . C O' Assistant Canal Ca Service of the servic The state of the s WILL TE 1888 The Markey Shapes

0 G -	- 167	40	1 -	FOR STATE REGISTRAR			DEP	ARTMENT OF	E OF MARYLAND HEALTH AND MENTA FICATE OF DEATI		NE 6 2	20	9.	S
				EASED NAME	FIRST	N	AIDDLE		LAST	2	a. DATE OF DEATH		YEAR	26 HOUR TO
	noy be	e o t	(ITTE	MAF	GAR	ET	V.	ARMS	TEAD		August 2	7, 1986	5	1:20 4
	e od	ě	3. SEX			4 RACE		5. DATE (H DAY YE		AGE (IN YEARS LAST BIRT	HDAY) IF UNI	DER I YEAR	HOURS MIN.
	ge 4 ecto	250	F	emale		White		Ser	st. 18, 1		78	YRS.		
	g p	2 Po	C	THPLACE (STATE OR FO		76 CITIZEN OF	WHAT COUN	TRY? 8 MARRIE	D NEVER MARRIE	ED 🗆 9	BALTIMORE CITY O			
		L 40		ew Jersey		U.S.A.		WIDOW	DIVORCE	ED 🗍	Baltimor			MD.
10.	by the f	The Cart	1	y or town of DEA.	ГН	2416 S	HEACHITY, GIVES	STREET ADDRESS)	eet		usual occupate type of work for most o Cashier	F WORKING LIFE) IN	L KIND OF DUSTRY LOSP:	ital
ONA	24 fell filled in	25 mg p	1,30 S	L RESIDENCE (IF NURSI TATE ry'land	13b COUI	ROTHER INSTITUTION. NTY	GIVE RESIDENCE 13c. CITY OR Balti	BEFORE ADMISSION) TOWN .More	13d. INSIDE CITY LIM	MITS? 13	estreet address 2416 St.	ZIP CODE Paul	St.	21218
RYL/	vithir	7 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	4 FA	THER'S NAME		MIDDLE	LAS1		15. MOTHER'S MAID	DEN NAME	WIDDLE		LAST	
W W	omple	pu 3		Joseph		C	roffe	V	Helen	1		Hil	Ld	
IMORE	n ond co	. Poges medical	No No	AS DECEASED EVER I		RMED FORCES?		6-9098	Helen E	B. Pa	ge Tucso		ona	58710
SALT	ote b	ol.		18 CAUSE OF DEATH	l (Enter a	nly ane cause per				Λ				MATE INTERVAL
5T., E	rtific g phy	even		PART I. DEATH WA		TE CAUSE (a)	ardi	rlugo	vanary	Ar	rest			
Z	th ce	corb , or r						EQUENCE OF						
PRESTON	deo otte	otion		Conditions, if any, gave rise to imm		((b)_F	tther	-oscler	otic H	eart	Disea	56		
≥	t the), cremo		cause (a), stating underlying cause	the last	DUE TO, OF	R AS A CONS	EQUENCE OF						
10	s thot	or o				(c)								
DS, 3	Sign	hen g ia bu iury,	Z	PART 2 OTHER SIGN		1	D.		1	0		DILION GIVEN IN	IPARI 1(o	<i>(</i> *
RECORDS	w rec	Prior Prior	CERTIFICATION	190 DATE OF OPERAT		1196. CONIDI		HICH OPERATION	N WAS PERFORMED		20a AUTOPSY?	206. IF YES, WEI	RE FINDIN	GS USED
	e lov	ws or	IFIC								YES NOT	IN CERTIFYING		
/ITA	VSICIO VSICIO	Hygie 18 sho	CERT	21a. ACCIDENT WAS UND	RLYING [216. TIME O			21c HOW INJURY	OCCURRED	ENTER NATURE OF INJUR		RPART 2)	
OF.	CLAP phy phy phy phy phy phy phy phy phy phy	at a la l		OR CONTRIBUTING C		AIR	M. MONTH M	DAY YEAR						
DIVISION OF VITAL	G PHYS offending er this ce	olth and Me morked or th	MEDICAL	21d. INJURY OCCURR	ED	21e PLACE	OF INJURY	FFICE, FARM, ETC)	71f. LOCATION STREET		CITY OR TO	wn c	OUNTY	STATE
۵	A Afr	eolth eolth	T)	22a.1 certify that (I)		ital) attended the	e deceosed fi	OIII	1-24 19.	84	, to 8-2	7	26 . 1	that (1) (we) last
	ATTEND ospitol o	for u	M	saw the decease above, (I) (we) (d	d alive ar	of view the bady		19 86,0	nd that in (my) (aur) (apinian dec	oth occurred an the do	ate and havr and	from the c	auses stated
	OK - OK	Ched Dept. Item		226 SIGNATURE	7	100			DEGREE				22c DATES	SIGNED
	Y the	detor		Who	~	Melon	non	MD		CIAN 🛣 I	MEDICAL STAF	IAN []	8-2	78-86
	HOSPITAL ined by #	he Str		224 PHYSICIAN'S NA	ME (TYPE	OR PRINT)			22e. ADDRESS	1	0 0	\		
	etoine FO FU	should be determined the State		Alan	_A		an, r	D	1600 K	ight		alt, M	D 3	.1230
			23a B	URIAL, CREMATION, F	REMOVAL		101		CEMETERY OR CREMA		23d LOCATION CITY OR TOWN	cou	NTY	STATE
	BP		24.5	remation		8/28/	86	Green	Mount Cr	emat	bry Balt REC'D. BY REGISTRAR	imore (lity	. Md.
		5 60M 7/B4		lliam E.	-		ADDI	RESS	-					
	(VRA	15, 4)	W	Lillam E.	Jo.	nnson b	521 I	och Ra	ven Bl.	AUU	29 1996	remarkania	ted and for	By god Line

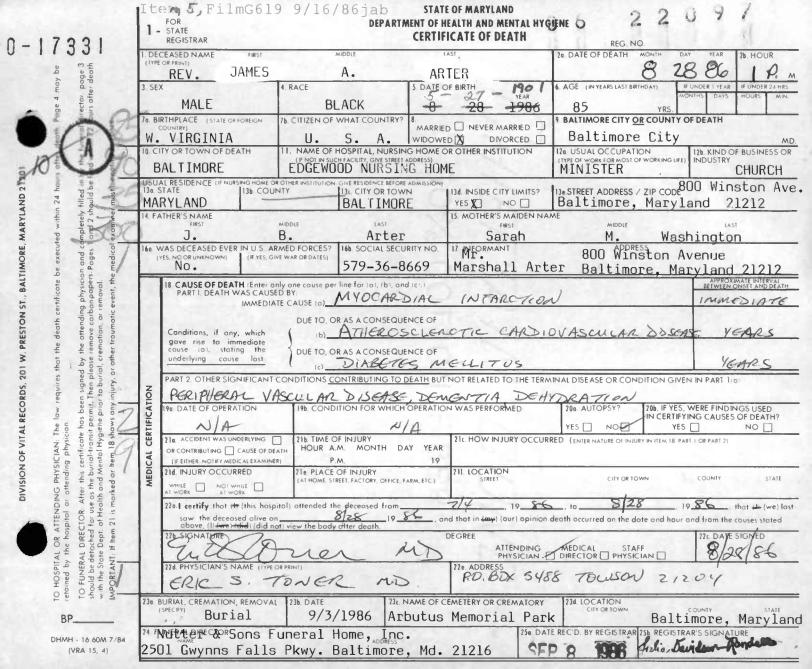
the state of the s The transfer of the contract of the contract of The state of the s id by the constitution of the constitution of

0 -	15787		1 -	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE REG. NO. 2	2095
	4 may be tor, page 3 ofter death			•^	MIDDLE 4. RACE	AMSTONG S. DATE OF BIRTH MONIH DAY YEAR	20. DATE OF DEATH MONTH 8 6. AGE (INYEARS LAST BIRTHDAY)	DAY YEAR 26 HOUR GOPM IF UNDER 1 VEAR IF UNDER 24 HRS. MONTHS DAYS HOORS MIN.
-9	s ofter death. Page oy the funeral direct field within 72 hours fortified at once.	20	(RTHPLACE (STATE OR FOREIGN OUNTRY) USA IY OR TOWN OF DEATH BA 1 +0	7b. CITIZEN OF WHAT COUNTRY? USA 11. NAME OF HOSPITAL, NURSH (IF NOT IN SUCH FACILITY, GIVE STREE) UM 1 VOCS	MARRIED NEVER MARRIED WIDOWED DIVORCED NG HOME OR OTHER INSTITUTION	PALTIMORE CITY OF COUNT BALTO GI 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING A	MD. With KIND OF BUSINESS OR
MARYLAND 212	completely filled in the ond 2 should be for a saminer must be olescommer must be a	5	13a S	IL RESIDENCE IF NURSING HOME OF TATE 136. COUI 136. COUI 137. COUI 138. COUI 138. COUI 138. COUI	ROTHER INSTITUTION GIVE TELEVISION	13d. INSIDERITY LIMITS? YES NO 15. MOTHER'S MAIDEN NA	13e STREET ADDRESS / ZIP COD 727 Devider L	
BALTIMÓRE,	e be execution on disconnection on disconnection on disconnection on disconnection on disconnection on the medical		(1	VAS DECEASED EVER IN U.S. AF ES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166. SOCIAL SECTION OF WAR OR DAJEST 240-26-	1 1 1 1 1	L ARMSTONG	1131 PaplarGen
RECORDS, 201 W. PRESTON ST., BA	requires that the death certificate en signed by the attending physical. Then please remove corbonopope or to buriol, cremotion, or removal.		NOI	Conditions, if any, which gove rise to immediate couse (a), stoting the underlying couse lost.	DUE TO, OR AS A CONSEOU (b) CONSEOU DUE TO, OR AS A CONSEOU (c)	Julmonary fails	MINAL DISEASE OR CONDITION GI	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DIVISION OF VITAL RECC	IAN: The law physicion. Inficote hos be I-fronsit permit of Hygiene pri		AL CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	21b. TIME OF INJURY HOUR A.M. MONTH D	AY YEAR	IN CERTI	S, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES NO PART 1 OR PART 2)
DIVISION	OR ATTENDING PHY the hospital or attends DIRECTOR: After this soched for use as the bu Dept. of Health and the the soched for use as the but them 21 is marked or		MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22a.1 certify that (1) (this hosp saw the deceased alive or	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	211. LOCATION		county STATE . 19
	TO HOSPITAL retoined by the TO FUNERAL should be determined by the Stote with the Stote IMPORTANT:	1	23a B	TANINE URIAL, CREMATION, REMOVAL SPECIFY)	L 6000 r	PHYSICIAN 770 ADDRESS NAME OF CEMETERY OR CREMATORY	DIRECTOR PHYSICIAN A	COUNTY MAN
	DHMH - 16 60M 7/ (VRA 15, 4)	84	24 FL	NERAL DIRECTOR NAME OUN THOMASON	108-01-06 1 08-11-06 1	But to. ST. 250 0	NUE 1'8 NEE JOB REGIO	Comment of the Comment



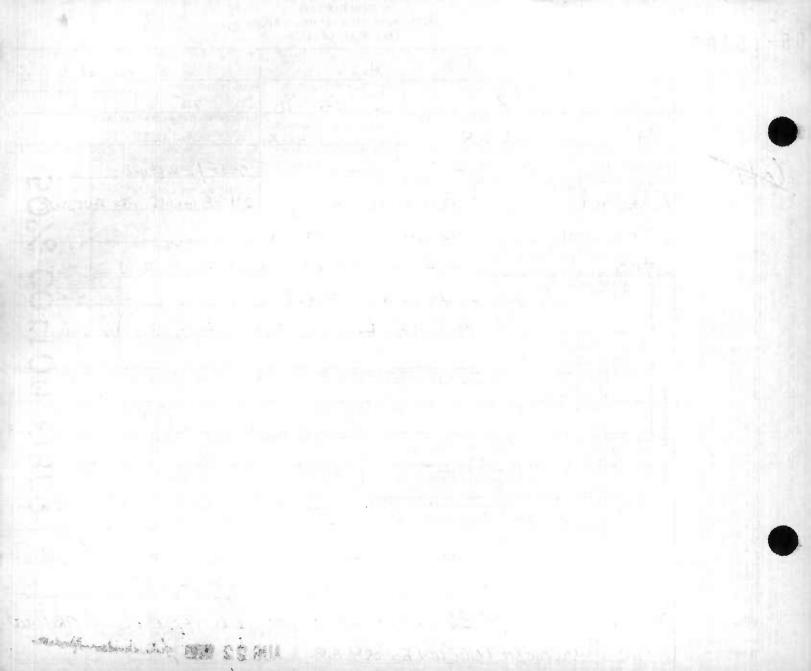
4	1655	8	1-	FOR STATE REGISTRAR		DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE O	2 2 NO.	0 4	Ö
0	1000	0	1. DE	CEASED NAME FIRST		IDDLE	LAST	20 DATE OF DEATH	MONTH D	AY YEAR	2b. HOUR
	may be page 3 rer death		1		Tony A	١.	ARNOLD	AUGUST	8, 1	986	9;27m
	Po Po		3. SE	10.0	4. RACE	4	S. DATE OF BIRTH	6. AGE IN YEARS LAST		FUNDER I YEAR	IF UNDER 24 HRS
	ge 4 ector rs oft		1	/V)	C	AUC.	MARCIT 2 19	62 3			i mat
	Po dir	KIL		RTHPLACE STATE OR FOREIGN	76 CITIZEN OF V	VHAT COUNTRY?	MARRIED NEVER MARRIED	& BALTIMORE CITY		OF DEATH	3 108
	eoth.	1		COUNTRY)	V.	5 H	WIDOWED DIVORCED	BALTIM	ORE C	ITY	MD.
-	9 3 E	300		TY OR TOWN OF DEATH			NG HOME OR OTHER INSTITUTION	120 USUAL OCCUP			BUSINESS OR
(a c	1 23	12/	B	LTIMORE		OHNS HO	PKINS HOSPITAL	GRAP	4165	PRY	MITING
LANDSIZ	ithir at the state of the state	75	130. 3	AL RESIDENCE (IF MURSING HOLL) TATE ATTEMPT TO THE MERSING HOLL) THER'S NAME	ME OR OTHER INSTITUTION,	GIVE RESIDENCE BEFOR	EADMISSION) 13d INSIDE CITY LIMITS? VOVE RES ON O	13e.STREET ADDRES	S / ZIP CODE	EASA	1731
ARY	with olete	144	1	I FIRST I D	MIDDLE	000	FIRST T	2-77 MIDDLE		NEIAST	'alma
8	lo l	03/	1	VAS DECEASED EVER IN U.S	VVVV	16b SOCIAL SECT	JRITY NO. 17. INFORMANT (DA)	12: 12 1 ADI	DRESS		VININ
ALTIMORE,	e execu	medica			ES, GIVE WAR OR DATES)		P-9/1	131/34	DRESPLE	VILV	IT ST.
MITI	ion of	-		1100		203-30	8/0/ 1/F/C/	VON HIZ	NOLL) /7/	TIVOUL E
8 8	physicion	noval.		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA	er only one couse per AUSED BY:	line for (a), (b), or	dici.	oct		7.5	NATE INTERVAL NSET AND DEATH
ST	ng p	0 0			DIATE CAUSE (a)	Tapp	iratory Avri	3 /		mn	udiate
ON	deoth o	motic				AS A CONSEOU				2	40
PRESTON		froum		Conditions, if any, which		IVIM	onory Edema				
201 W. P	that the d by the lease rem	or other		cause (a), stating th underlying cause last	I DUL IO, OR	AS A CONSEQUE	n Immunode	ficiency	VITU:	5 4n	nonths
	5 5 0	3 6	7	PART 2 OTHER SIGNIFICA	NT CONDITIONS CO	NTRIBUTING TO	DEATH BUT NOT RELATED TO THE TEL	- /			
O.S.	5 c =	6- C	ē	Pheumocy st	15 Pheumo.	nia Myc		um +ntro			
DIVISION OF VITAL RECORDS,	on. hos beer t permit.	ows ony is	CERTIFICATION	19a DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATION WAS PERFORMED	YES NO	IN CERTIFY YES	, WERE FINDING YING CAUSES (GS USED OF DEATH? NO
VII	SICIAN: The physicial physicial certificate brightness in contracts and contracts are proportional physicial physician physici	Hygiene 18 shows	ğ	21a. ACCIDENT WAS UNDERLYIN		FINJURY M. MONTH D	AY YEAR 21c HOW INJURY OCCU	JRRED (ENTER NATURE OF I	NJURY IN ITEM 18 PA	ART (OR PART 2)	
9	CIA P ph	DE E	3	OR CONTRIBUTING CAUSE OF	DEATH		19				
ON O	PHYS endin	olth and Mental Hygiene marked or kem 18 shaws	MEDICAL	21d INJURY OCCURRED	21e. PLACE (OF INJURY	211 LOCATION STREET	CITY O	RIOWN	COUNTY	STATE
N N		rked	2	AT WORK AT WORK		eer, merour, or nee					
۵	0 0	s mo		220.1 certify that (I) (this h		deceased from	67.6	6. 10 AUG		_	hot (I) (we) lost
	ATTE DSpito DSpito DSCTOI	212		saw the deceased aliv above, (1) (we) (did) (di	id not) view the body	ofter deoth.	86, and that in (my) (our) opinion	on death accurred on the	dote and hour	and from the c	ouses stated
	OR ATTEN e hospital DIRECTOR	hem tem		226. SIGNATURE			DEGREE			22c DATES	IGNED
	AL AL	Z T. T.		Mary CL	untle	mi		MEDICAL S	SICIAN	878	186
	HOSPITAL Ined by 11 FUNERAL	STAN /		224 PHYSICIANS NAME (TYPE OR PRINT)		22e. ADDRESS 600	N. WOLFE	ST, B	ALTO.	MD 205
	O HO eforned	with the Stat		MARY C	ORRETT!		Johns 1	top Kins	HOSPIY	al 21	205
01	inini			SURIAL, CREMATION, REMO	DLA G	12/ 230	NAME OF CEMETERY OR CREMATOR	23d LOCATION		COUNTY	STATE D
44	BP	4	13	URIAL	7	19890	ESI HAVEA	CEM. HA	NOVE	12/0,	RIV 14
//	DHMH - 16 50	N 4/83	24.5	INERAL DIRECTOR	1.110	ADDRESS	store (150.0	ATE REC'D. BY REGISTR	AR 256 REGISTE	RAR'S SIGNATU	RE
	(VRA 15,	4)	le	hay w	ary.	34 Mix	shave 173/24	0.10	Shaper 170	Caralle Se	MINUX.
		-	-			,					







			FOR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG	IENE 6 9 9	0 9 8
hn-leie	5	1 -	STATE REGISTRAR	DEI ANI	CERTIFICATE OF DEATH	REG. NO.	
00 1010	9		CEASED NAME FIRST	WIDDLE	LAST		DAY YEAR 2b. HOUR
noy be page 3		(TYPE	ORPRINT) Allen		Arvin	8	17 86 4:30 Pm
		3. SE		RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
ge 4			M	B	12 25 IN	75 YRS.	NONTHS! DATS HOURS MIN.
Poor Show	59		RTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH
death unero	of o		A.	USA	WIDOWED DIVORCED	BALTIMORE CITY	MD.
-1 11	etified .		TY OR TOWN OF DEATH LTIMORE V	HE NOT IN SUCH FACILITY GIVE STREE	NG HOME OR OTHER INSTITUTION T ADDRESS) ER BALTIMORE MD	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	
200	Pe -	USU.	AL RESIDENCE (IF NURSING HOME OF OF	HER INSTITUTION GIVE RESIDENCE BEFO	RE ADMISSION)	1 Jan Jage	71-71
AND2	tsum /	M	aryland 136 COUNT	Baly Baly	MDre YES NO [2438 Guilfor	-D Avenue
withi d 2 s	mine	14. FA	THER'S NAME FIRST MI	DDLE A LAST	15 MOTHER'S MAIDEN NAM	WE	LAST
M P B B B	(<u>x</u>)		TAXSWELL	Arvi	n Esther	4000506	
ALTIMORE	medico		VAS DECEASED EVER IN U.S. ARMI (ES, NO OR UNKNOWN) {	VAR OR DATES)	0.1	ADDRESS	21218
M S S	0		yes	214 03	o139 [Hadphis He	2010 705 E. 22 C	d. Street
riticot physic noope	ent, th		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	BY:	1 4 1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LST.	c eve	139	IMMEDIATE	CAUSE (0) Cardiopy	Improry Mars		5 min-tes
sath rendi	tomo.		Conditions it and which	DUE TO, OR AS A CONSEQUE	1. 1	Lu Lun Di	10. 05.4
The of th	rtra		Conditions, if ony, which gove rise to immediate cause (a), stating the	(0)		7 7 07191	1 VIZNOS E Z GENEGO
hot the by the see of	othe		underlying couse lost.	DUE TO, OR AS A CONSEOU	JENCE OF		
ires t gned on ple burio	7, 01	3	PART 2 OTHER SIGNIFICANT CO		DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIV	EN IN PART 110
RDS equ	<u>5</u>	ON N	Preumoni	e,			700 1111
D	s out	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES	S, WERE FINDINGS USED YING CAUSES OF DEATH?
the set	18 shows	E T	710. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	121. HOW IN HIRV OCCUPE		S NO
	8 9		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH	DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM IB F	ART T OR PART 2)
PHYSICI ending in this cert the burial	or Item	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 21e PLACE OF INJURY	211 LOCATION		
DIVISION NG PHYSI difer this ce os the buri	kedo	ME	WHILE NOT WHILE D	(AT HOME, STREET, FACTORY, OFFICE,		CITY OR TOWN	COUNTY STATE
A DI	E MOL	15	22a.1 certify that (1) this hospita		8/6 19.86	_, to \$/ /7	19 86 , that (I)(we) last
R ATTEN hospital RECTOR.	2		sow the deceased alive on above (1) (we) (did) (did not)	view the body ofter death.	, and that in(my) our) opinion of	death occurred on the date and hou	r and from the couses stated
OX E OX O CT	Hea		22b. SIGNATURE	,	DEGREE		224. DATE/SIGNED
7 5 7 5 0	#		anc 100°	170	MO ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	8/17/86
HOSPITAL ned by the FUNERAL the Store	RIA		224. PHYSICIAN'S NAME (TYPE ORP	RINT)	22e ADDRESS	1/1/11 -1	
TO HOSP etained I TO FUNE	MPORTANI		Kevin L.	Kovitz	Lock Kava	en Ut Hospital	
	3	23a E	URIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY A STATE
BP	-	1	URIAL	0/23/86 6	PARRISON Forest	DwingsMil	15 Maryland
DHMH - 16 60M		11	INERAL DIRECTOR	-/1/ Tana ADDRESS	25a DATI	REC.D. BY REGISTRARIZSE REGIST	KAR'S SIGNATURE
(VRA 15, 4)		W	M.C. Makch F	1H +NC. 1101	FINDRY ARE. AU	9 88 mg	



Mary and the second of the sec M. Barthare S. Cont. 8 121 Market and the results of the state of the s Maryline of State of July

modify a most

Hale Winter David Lingson 200

alian Parida

faryland Nontropery Turnerville x Peallsville Rd. 20838

George Stevant Atwill coic Augustus Cibs

2010 Vertown W. 2002 Cablel And Salton, Datasens, 16. 2002

herel Aur.6, 1956 Fort oner, lete. Darksons, Maricomery, Em.

Clim L. Volesworth, F.A., Lamascus, Ki.

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

The state of the s August of the control of the control

00-1627	5	1 -	FOR STATE REGISTRAR	Di	EPARTMENT OF	E OF MARYLAND LEALTH AND MENTAL HY ICATE OF DEATH	GIÈNE O	2 1 0	1 4
0 1004	J		CEASED NAME FIRST	MIDDLE		AST	2a. DATE OF DEATH	MONTH DAY YEAR	2b HOUR
noy be page 3 r death	8.5	11116		iam D. Aug	ustus		Aug	20 1986	9 A M
moy per d		3. SE		4 RACE	5. DATE		6 AGE (IN YEARS LAST BIR	(IDAY) IF UNDER LYEA	
ector rs of	196		Male	Black	MONT	/20/1912	- 73	YRS MONTHS DAY	YS HOURS MIN.
Poor Poor	76	7a BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COL	INTRY? 8	D NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEATH	
rooth 722	in V		CONTRY		WIDOW	_		liter	MD.
	0	10, CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GI	NURSING HOME (OR OTHER INSTITUTION	120. USUAL OCCUPATE (TYPE OF WORK FOR MOST O	ON 2b. KIND FWORK NDUSTR	O OF BUSINESS OR
5 1 A	1		Balti. Md.	3336 Pi	edmont	Ave.	Retired		
RYLAND 21201 within 24 heur erely fills	201	13a. S	L RESIDENCE (IF NURSING HOME O TATE 136 COU	R OTHER INSTITUTION GIVE RESIDEN	OR TOWN	13d INSIDE CITY LIMITS?	13e STREET ADDRESS		
AND 0 2.4	- P		Md	None B	altimore	YES NO	3336 Pi	edmont Av	ze 21216
RYLA rithin		14. FA	THER'S NAME FIRST	WIDDLE	AST	15. MOTHER'S MAIDEN N	AME		LAST
MAR mple	()	M	Joseph Augu			Venus			LASI
BALTIMORE, MA	medicol		AS DECEASED EVER IN U.S. AF		AL SECURITY NO.	17 INFORMANT	ADDRE	SS	
IMOR n ond	a Bec		0		5-10-52	5 Fannie I	Angustus	3336 Pied	Amont Ave
At RECORDS, 201 W. PRESTON ST., he law requires that the death certific on. has been signed by the attending phy premit Then please remove cohong pages of the please remove cohong pages and the please remove cohong pages.	ows on	CERTIFICATION	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost	TE CAUSE (a)	NSEQUENCE OF NSEQUENCE OF MG TO DEATHER	NOT RELATED TO THE TER	MINAL DISEASE OR CONI	20b. IF YES, THE FINE	
PEVIT IAN: IAN: Thicote			210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		DAY YEAR	21c HOW INJURY OCCO	PRED (ENTER NATURE OF INJUR	V IN ITEM 18 PART 1 OR PART 2)
ON OF 1YSICIA ding ph is certifi buriol-ti		MEDICAL	(IF EITHER NOWY MEDICALEXA MINE	R) P.M.	19				
	morked or	MED	21d. INJU CCUBRED WHILE AT WORK 22a.1 certify that (1) (this hosp	21e PLACE OF IN-LURY (AT HOME, STREET, FACTOR	OFFICE, FARM, ETC)	211 LOCATION STREET	CITY OR TO	20 10 86	STATE
Z 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	lis i		saw the deceased alive or	8/20	19 86	nd that in (my) (our) apinia	n death accurred on the do		_, that (1) (we) last
AT AT AT AT A FECT SECT SECT SECT SECT SECT SECT SECT S	e 3 5		abave, (I) (we) (did no	ot) view the body ofter death	3a	DEGREE			JE SIGNED
AL OR AL OR AL OR AL OR AL OR AL DIRE	F. F.			Stouras	t.M.	ATTENDING PHYSICIAN	MEDICAL STAF	F _ \\ \tau /	21/86
E P P	IMPORTANT		220 PHYSICIAN'S NAME (TIPE	STEW,	ARTIN	D. 23	300 Ha	rison :	Blyd
Die State	3 ≥₹		URIAL, CREMATION, REMOVAL		23c. NAME OF	EMETERY OR CREMATORY	234 LOCATION CITY OR TOWN		STATE
BP			Burial	8/20/86	Arbut	us Mem Pk.	Baltim	ore, Mary	rland
DHMH - 16 50M	4/82		NERAL DIRECTOR		DDBSS	250 DA	TE REC'D. BY PECHAPAR	256 REGISTRAR'S SIGN	ATURE
(VRA 15, 4)		I	aw Funeral H	lome 4611 Pa	ark Heig	ghts Ave.	06 % o 1900	1	

acute regoed what African 10 min. artished what hast diese years while the medital 86 5/16 80 8/20 86 D. W. STEWARTAID 2300 Harrison Blue With a tip the second with the second with 10-15794 DEPARTMENT OF HEALTH AND MENTAL HYGIENS O - STATE CERTIFICATE OF DEATH REGISTRAR REG NO ALBERT RAYMOND AY I DECEASED NAME 2a DATE OF DEATH MONTH (TYPE OR PRINT) A. Sr. A AGE LIN YEARS LAST BIRTHDAY 3 SEX 4 RACE 5. DATE OF BIRTH MONTH April 1921 Male White 21 65 A BIRTHPLACE I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED Marvland U.S.A. Baltimore City WIDOWED DIVORCED 18 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 VISUAL OCCUPATION IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) Mercy Hospital Baltimore PBX Repairman USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 130 STREET ADDRESS / ZIP CODE Baltimore 1414 Meridene Dr. 21239 YES X Maryland NOF 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST Adolph Ada Dorothy Gustav 21239 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT YES NO OR UNKNOWN) Otillia H. Ay, 1414 Meridene Dr. 215-16-6469 18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g CERTIFICATION 206, IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF 21a, ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR AM. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN (AT HOME STREET, FACTORY OFFICE FARM ETC.) NOT WHILE 22a I certify that (1) (this hospital) attended the deceased from sow the deceased alive on_ , and that in (my) (our) apinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body ofter death 226 SIGNATURE DEGREE ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME ITYPE OF PRIN 22e ADDRESS the the Selsta

STATE OF MARYLAND

23c. NAME OF CEMETERY OR CREMATORY

Aug. 21, 1986 Dulaney Valley

DHMH - 16 60M 7/84 (VRA 15, 4)

ROBERTECE ALTENBURG FUNERAL HOME, INC. Harford Rd., Balto., Md. 21214

230. BURIAL, CREMATION, REMOVAL

Burial

Timonium,

23d LOCATION

YES [

COUNTY

22c DATE SIGNED

21202

STATE

26 HOUR

126 KIND OF BUSINESS OR

C&P Tele.

86

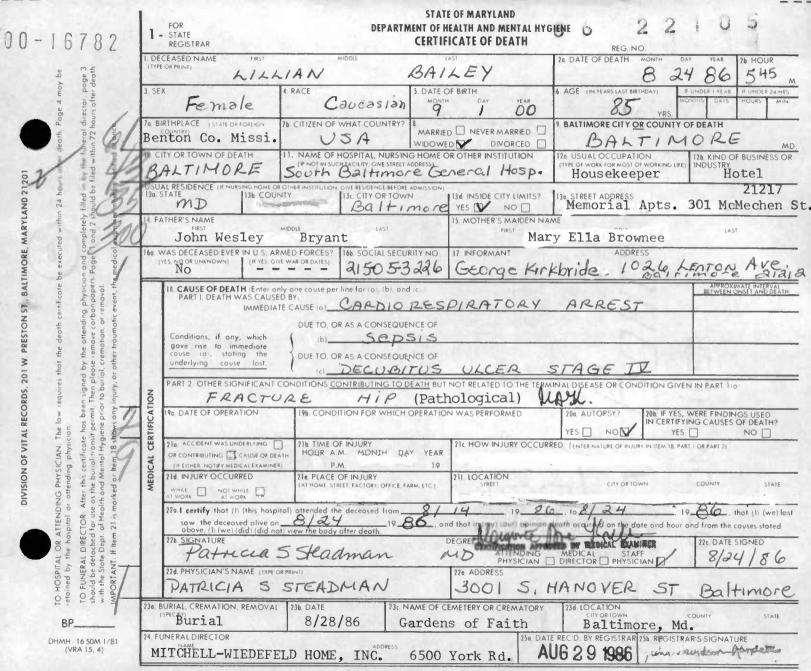
IF LINDER TYEAR

INDUSTRY

Diez

The state of the s Land to the second term of the second term of the second term of the second terms of t TESTS . IN BUILDING THE TEST OF THE PROPERTY O The second of th The state of the



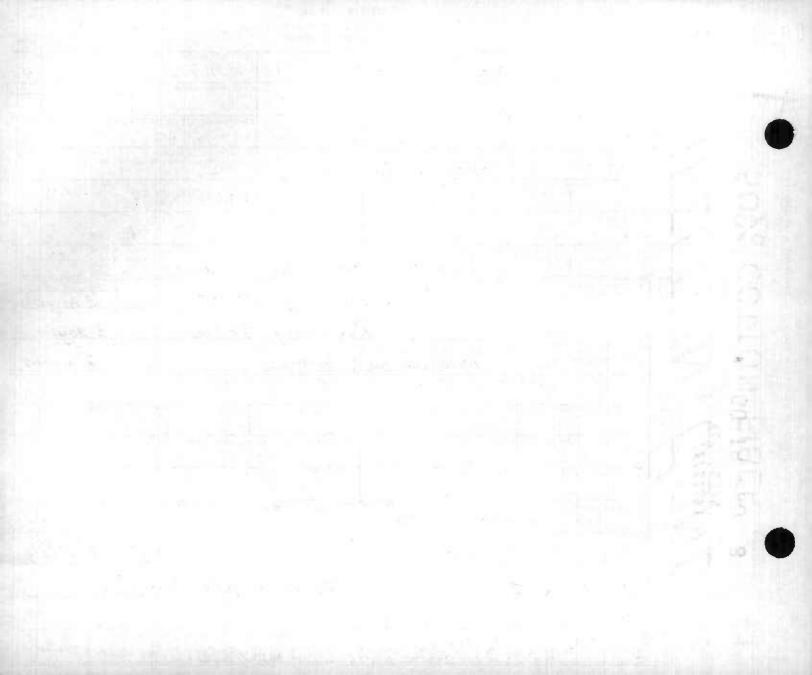


LISES THE WAR INDICATE OF ASSESSED INCOME. THE RESERVE OF THE PROPERTY OF

	1			STATE OF M	ARYLAND		64	17 4	
	1 - S	OR TATE	DEPA	RTMENT OF HEALTH		IENE O	2 2 1	0	,
00-10717		EGISTRAR		CERTIFICATI	E OF DEATH	REG. N	10.		
00-10/4/	1. DECEA	ASED NAME FIRST	WIDDLE	LAST		2a DATE OF DEATH	MONTH DAY	YEAR 2b	HOUR
nay be page 3 rr death	TIPEOR	Alice	2 E	Bake	~		8-24.	-86 9	114 pm
may er d	3. SEX		4 RACE	5. DATE OF BIRTH		6. AGE (IN YEARS LAST BI	RTHDAY) IF UND		UNDER 24 HUS
ge 4 ector rs off		Female	White	MONTH 2-	2-09	77	YRS.		DURS MIN.
1 12 BL	* con	HPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT	MARRIED .	VEVER MARRIED	9 BALTIMORE CITY	- 0.	EATH	
1 16		injland	4.5.14.	WIDOWED	DIVORCED		one Lit	4	MD.
	C.	OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVES	TREET ADDRESS]	ERINSTITUTION	12a USUAL OCCUPAT	OF WORKING LIFE) IN	. KND OF BU Duštry	
2 0	15	altimore	South Bult	inione Ge	neval Hosp	Retir	ed. 1	OMEINH	KER
25	Na. STA			OWN 13d. IN		13e STREET ADDRESS	/ ZIP CODE	Rus	225
1 1 100		ER'S NAME FIRST	MIDDLE LAST	15. MC	THER'S MAIDEN NAM	ΛĒ	1	1100	2
W THE	V	Lou	LIC.	NIC.	FVa	WIDDLE	Un	know	n)
# 1 1 7		S DECEASED EVER IN U.S. AR				REY 13. ADDR	RESS	VABEL	ALE.
W 1 12 1/	(AF2	NO OR UNKNOWN] (IF YES, GIV	2142	69648 E		SPICH			NO 21225
SALT other operations, of	18	CAUSE OF DEATH (Enter or	nly one cause per line for (a), (b ED 8Y:	I, and (c)				APPROXIMATE BETWEEN ONSE	INTERVAL T AND DEATH
5 600 6			TE CAUSE (o) Carcl	io-Pulmo	nary P	irrest			
ON S			DUE TO, OR AS A CONSE	OUENICE OF					
e death mave c nation, trauma		Conditions, if any, which	(16) Metas	static Br	reast Car	rcinomo			
# £ £ £ 5 5 5	C	gove rise to immediate ouse (a), stating the	DUE TO, OR AS A CONSE						
on who		underlying cause last.	(c) Hype	rcalcemi	ia				
RDS, 20 equires n signed Then pl to buri		ART 2. OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING	TO DEATH BUT NOT R		IN AL DISEASE OR COM	NDITION GIVEN IN	PART Iros	
ORDs	<u>ē</u>	Hypotension		cute Ren	al Failu	re.			
Secondary respectively.	CERTIFICATION	DANE OF OPERATION	196 CONDITION FOR WE	HICH OPERATION WAS	PERFORMED	200 AUTOPSY?	206. IF YES, WER	E FINDINGS CAUSES OF I	USED DEATH?
ALRE Cion.				-		YES NO	YES 🗌		10 🗌
N OF VITAL SICIAN: Th ag physicio certificate b mial-transit ental Hygie	. 0	B. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA		DAY YEAR	IOW INJURY OCCURR	ED (ENTER NATURE OF INJ	URY IN ITEM 18 PART 1 O	RPART 2)	
SICIA ring ph certif hental-t	N N	(IF EITHER NOTIFY MEDICAL EXAMINER	R) P.M.	19		1 1			
7.15101 3. PHY Thendis the but and M	TW	d. INJURY OCCURRED	21s. PLACE OF INJURY EAT HOME, STREET, FACTORS	RETARM DICL	OCATION	CITY OR T	OWN C	OUNTY	STATE
DIVIS ING P After 1 os the ith and orked	AT	WHILE NOT WHILE	40//	M				-12-14-	
3 0 0 E	22	a 1 certify that (I) (this boso	the trended the decreased from	1/40.			8-24-1981		(I) (we) last
OR ATTEN OR ATTEN OR ATTEN OR ATTEN To hospital DIRECTOR Sched for up Dept. of He f them 21 is			or view this body after death.		in (my) (our) opinion d	leath occurred on the o			
OR DIRE	17	A SIGNATURE	11/1/1	DEGREE	ATTENDING _	MEDICAL STA		2c. DATE SIGN	
TAL det det fore		1010	TXW W	an WD	PHYSICIAN _	DIRECTOR PHYS	CIAN	8-24	1-86.
HOSPITAL mined by th FUNERAL wild be det th the Store	1	PRIVSICIAN'S NAME	2111	/ /	DDRESS C	da 10 -	57		
TO HOSPITAL retorned by the TO FUNERAL with the State		Dr. Alexander	Locascher	The state of the s		tanover	31,		
Caran-	230 BUR (SPE	RIAL, CREMATION, REMOVAL	1.0	THE NAME OF CEMETER	RY OR CREMATORY	23d LOCATION CITY OF TOWN	· COL	NTY	STATE
99998P		BURIAL	Aug. 27, 1986	HOLY CROSS	CEMETERY	BALTINOS	E A.A	· Ca,	MD
DHMH - 16 60M 7/84	24 FUNE	ERAL DIRECTOR	2 , 33	7 E. Parmis		J6 2 9 1986	Guha Davi	SIGNATURE LOS	platte i
(VRA 15, 4)	Med	MILY FILL BE	ERBOKEN BAL	TIMORE MO	2/225 AL	0023 1300	1		

-10 months & g Y kr - V gji spik Decree of the light of the control o Margarette and Markette and Margarette X-1- Line of the Park of the Land of the Park of the Land of the L and the meet the first of the control of the control of

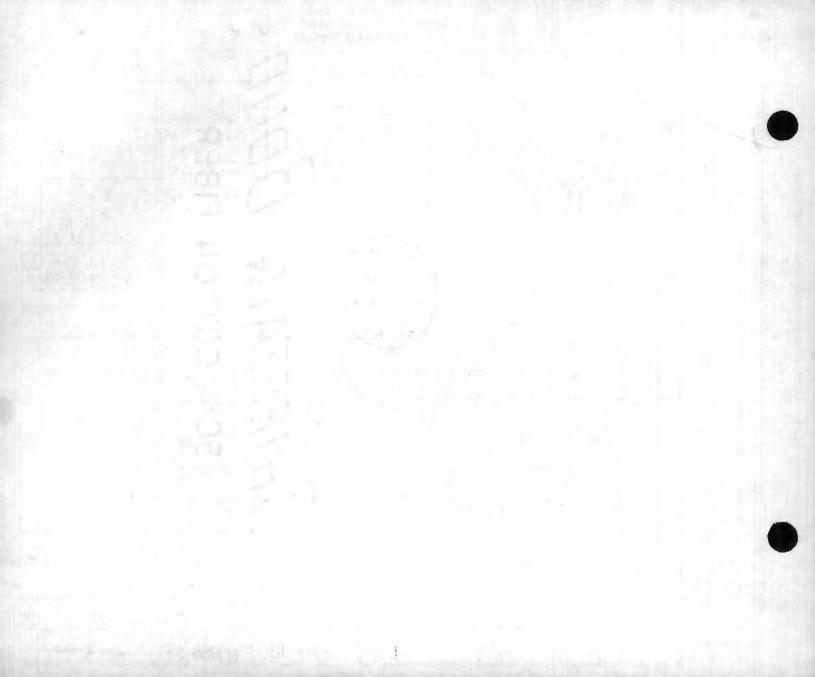
0-16636	FOR STATE REGISTRAR			DEPAR	TMENT OF H	E OF MARYLANG EALTH AND MEI ICATE OF DEA	NTAL HYG	IENE 5	2 2	10	1
	I. DECEASED NAM	E FIRST		WIDDLE		AST		20. DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
nay be page 3	(TITE ON TRINGI)	John	Thoma	as	BA	KER		AUGUST 2	24,	1986	1:40 M
0 0 0	3. SEX		4 RACE		5. DATE C		YEAR	6 AGE (IN YEARS LAST BE		IF UNDER I YEAR	IF UNDER 24 HRS
ge de 4	male		black		12-	25-1929	TEAR	56	YRS.	DAY'S	min,
- 1 1 1 1 1 MM	To BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY	Y? 8 MARRIE	NEVER MAR	RRIED 🗆	9. BALTIMORE CITY	OR COUNTY	OF DEATH	
to of the	Virginia		U.S.A.		WIDOWE	D DIVOR	RCED	BALTIMO	RE C	ITY	MD.
by the	BALTII	MORE	THEJ (OHNS HO	PKINS	HOSPIT		120 USUAL OCCUPAT (TYPE OF WORK FOR MOST)	OF WORKING LIFE	INDUSTRY	BUSINESS OR
filled in ould be	USUAL RESIDENC 130. STATE Maryland	13b COUR	OTHER INSTITUTION	Baltimon		13d INSIDE CITY YES X NO	LIMITS?	Baltimore,	ZIP CODE 212	201 N. E	3roadway
MARYLAND red within 24 ampletely fille and 2 spould examiler ma	Pete		MIDDLE	Baker		15. MOTHER'S M. FIRS	1	nie	E	ley	
	160 WAS DECEASE		MED FORCES?	16b. SOCIAL SE		17 INFORMANT		ADDR	3218	Leeds St	creet.
be exe ion ond rs. Page	no			224-30-70	04	Hurther B	Baker	Baltim	ore, Md	. 21229	
ST., g ph con pr remo	18 CAUSE C PART I. D	OF DEATH (Enter or EATH WAS CAUSE IMMEDIA	ED BY: TE CAUSE (0)	//	rollop	ulmina	ey .	Annest			MATE INTERVAL DISET AND DEATH
W. PRESTON strike death cr with the attending of the cremotion, or cremotion, or the transmitter transmitter transmitters.	gave rise		(b)	R AS A CONSEO	UENCE OF	espicet	,	Foilure.		3 do	Tust T
ol, or	underlying	cause last.	(- (c) /	netaster	e hu	19 CANG	en			21	nonths
		ER SIGNIFICANT	conditions <u>c</u>	ONTRIBUTING TO	O DEATH BUT	NOT RELATED TO	THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART Tio	
TAL RECC	5	OPERATION	196 COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORM	NED	200 AUTOPSY? YES NO	IN CERTIFY	WERE FINDIN	GS USED OF DEATH? NO
ICIAN. 1	OR CONTRIBUT	WAS UNDERLYING [ING] CAUSE OF DEA OTHER MEDICAL EXAMINES	ATH HOUR A		DAY YEAR	21c HOW INJUR	RY OCCURR	ED (ENTER NATURE OF IN)	JRY IN ITEM 18 PA	ART 1 OR PART 2)	
NG PHYSICIAN. The low required the second signal with the second signal sign	LIF EITHER NO. 21d. INJURY WHILE AT WORK	NOT WHITE AT WORK		OF INJURY REET, FACTORY, OFFICE	E, FARM, ETC)	211 LOCATION STREET		CITY OR 10	OWN	COUNTY	STATE
END	saw the	that (I) (this hasp deceased alive an I) (we) (did) (did no	8-2	4- 19	01		19 8 G	to 8-24			that (1) (we) last
SPITAL OR ATT	22b. SIGNAT		recci')	n)			ENDING YSICIAN	MEDICAL STA DIRECTOR PHYSI		22c DATE S	14/84
TO HOSPITA retoined by TO FUNERA should be de with the Stot IMPORTANT	MA	My CORR	etti.			Foth	NS F	topkins 1	Hapi	rel	
BP	Burial	ation, removal	8-30-86		Family 1	emetery or cre Ot		23d LOCATION CITY OR TOWN Sulfolk,		county	STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FINITE PRE 2501 Gwy	"Sons Funer nns Falls F	ral Home, Pkwy. Bal	Inc. ADDRESS timore, M	d. 2121	5		REC'D. BY REGISTRAN		AR'S SIGNATU	





STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME TO DATE KNOWN A MONTH (TYPE OR PRINT) ESTI-W. MICHAEL DEATH MATED 17 19 86 BALES 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS) IF UNDER 1 YR. **IE UNDER 24 HRS** 2d HOUR DATE YEAR LAST BIRTHDAY PRONOUNCED Male White 03 15 54 32 86 YRS TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X Maryland USA WIDOWED DIVORCED Baltimore City 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE! Roofer Baltimore 2613 Hampden Ave. (pavement) USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSIONI 13e. STATE 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Baltimore 2613 Hampden Avenue YES X NO [21211 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Samuel Bales, Jr. Loretta Elv 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS Loretta Bales 2613 Hampden Avenue 21211 No 216-62-2173 18. CAUSE OF DEATH (Enter only one couse per line far (o), (b), and (c).) RETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Alcoholism IMMEDIATE CAUSE (a)_____ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? Head & Abd 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 214 HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR MEDICAL P.M 214. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE AT WORK COUNTY STATE Head Abd. 22a I certify that I took charge of the remains described above, held on Inquiry ond in my opinion TO MEDICAL EXAMINI
EXECUTE THE CRETIFIC
POGE 4 SHOULD BE F
TO FUNERAL DIRECTE
AFTER DEATH, WITH THE
BALTIMORE, MARYLAR Natural causes X death resulted from: Accident Homicide Undetermined monner TITLE (SPECIFY) Deputy Chief DATE 8-17-86 SIGNATURE EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St., Balto., MD 21201 (TYPE OR PRINT) ADDRESS 230. BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY Cremation 8/20/86 Green Mount Cemetery Baltimore 07/84 BP 25M 24. FUNERAL DIRECTOR DHMH - 17 A. Alan Seitz. Jr. 3615-19 Chestnut Ave. 21211 (VR A15 ME (5))

1 .3 .1 11 /	1	FOR S-19-86 REGISTRAR	terplione "		IEALTH AND MENTAL HYG	REG. NO		
4. 64		ECEASED NAME FIRST	MIDDLE	10.	LAST	20 DATE OF DEATH		HOUR
page r deat	2.5	ALIC	, , , ,	131+66	,ALCO .	(ACE	7-24-86 11:	:4
ector. p	3. 5	F	RACE	MONT 3	DE BIRTH	6 AGE (IN YEARS LAST BIRT	YRS.	NDER 2.
1	3	COUNTRY)	U.S.A.	MARRIE		BALTIMORE CITY O	OBE City	
by the	0	BALTIMONE	(IF NOT IN SUCH FACILITY, GIV	'E STREET ADDRESS)	OTHERAN	120 USUAL OCCUPATION OF THE PROPERTY OF WORK FOR MOST OF THE PROPERTY OF THE P		INES
filled in hauld be	130.	STATE MD, 136 COU	INTY 135 CITY, O	R TOWN	13d. INSIDECITY LIMITS?	407 OX	FORT Ct. 212	2/^
mpletely ond 2 s		ATHER'S NAME FIRST		AST	15 MOTHER'S MAIDEN NAM	BY MIDDLE	LAST	200
an and co	160	WAS DECEASED EVER IN U.S. AI (YES, NO OR UNKNOWN) (IF YES G	RMED FORCES? 166 SOCIA	L SECURITY NO.	PAMELA	Barnes	1208 Peach lea	·F
uires that the iigned by the en please rem s burnal, crem ury, or ather t	NO	gove rise to immediate cause Io1. stating the underlying cause lost. PART 2 OTHER SIGNIFICANT S/P	Vac auest	IG TO DEATH BUT			DITION GIVEN IN PART 110	ISED
v requ	7 F	190 DATE OF OPERATION	196 CONDITION FOR V	WHICH OPERATIO	N WAS PERFORMED	28n AUTOPSY?		1360
os been os been ne prior i	RTIFICATI	190. DATE OF OPERATION		WHICH OPERATIO	N WAS PERFORMED	YES NO	IN CERTIFYING CAUSES OF DI	EATH
N: The law renystran. cate has been const permit. T Hygene prior. Hygene prior.	AL CERTIFICATION	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	21b. TIME OF INJURY HOUR A.M. MONT	H DAY YEAR	21c. HOW INJURY OCCURE	YES NO	IN CERTIFYING CAUSES OF DI	
os been os been ne prior i	MEDICAL CERTIFICATION	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONT	H DAY YEAR		YES NO	IN CERTIFYING CAUSES OF DI YES NO Y IN ITEM 18 PART I OR PART (2)	
ATENDING PHYSICIAN: The low respital or attending physician. CTOR: After this certificate has been far use as the burial-transit permit. I at Health and Mental Hygiene prior is the cult is shown sony it.	1	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTHEY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOTH WHILE AT WORK 22a.1 certify that (I) (this hasp sow the deceased alive or above, (I) (we) (did) (did in	21b. TIME OF INJURY HOUR A.M. MONT P.M. 21e. PLACE OF INJURY 1AT HOME STREET, FACTORY	H DAY YEAR 19 OFFICE FARM ETC.)	211. HOW INJURY OCCURE 211 LOCATION STREET	YES NO CITY OR TO	IN CERTIFYING CAUSES OF DI YES NO YIN ITEM 18 PART I OR PART ?)	STA
At OR ATTENDING PHYSICIAN: The low re- the hospital or attending physician. At DIRECTOR: After this certificate has been etached far use as the burial-transit permit. I the Dept of Health and Mental Hygiene prior it. If them 21 is marked or them 18 shows any it.	1	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTHEY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that (I) (this hasp sow the deceased alive or above, (I) (we) (did) (did not) 22b. SIGNATURE	21b. TIME OF INJURY HOUR A.M. MONT P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY outfol) oftended the deceosed	H DAY YEAR 19 OFFICE FARM ETC.) from 19 0.0	211. HOW INJURY OCCURE 211 LOCATION STREET 9 96 nd that in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN	YES NO CITY OR TO	IN CERTIFYING CAUSES OF DI YES NO NO NY IN ITEM 18 PART 1 OR PART 2) WN COUNTY The and hour and from the couses 22c. DATE SIGNI	STA
A TIENDING PHYSICIAN: The low re- hospital or attending physician. IRECTOR: After this certificate has been ched for use as the burial-transit permit. I elept of Health and Mental Hygiene prior frem 21 is marked or Item 18 shows any in	MEDICAL	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTHEY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOTH WHILE AT WORK 22a.1 certify that (I) (this hasp sow the deceased alive or above, (I) (we) (did) (did in	21b. TIME OF INJURY HOUR A.M. MONT P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY) Ditoli offended the deceosed in 7-24 off view the body offer deoth. OR PRINT) OR PRINT)	H DAY YEAR 19 OFFICE FARM ETC) from 7-1 19 86.0	211. HOW INJURY OCCURE 211 LOCATION STREET 3 19 6 and that in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN 220 ADDRESS	YES NO CITY OR TO	IN CERTIFYING CAUSES OF DI YES NO NO NY IN ITEM 18 PART I OR PART ?) WAY COUNTY The ond hour and from the couses FLAN 22. DATE SIGNI 7-24-	STA

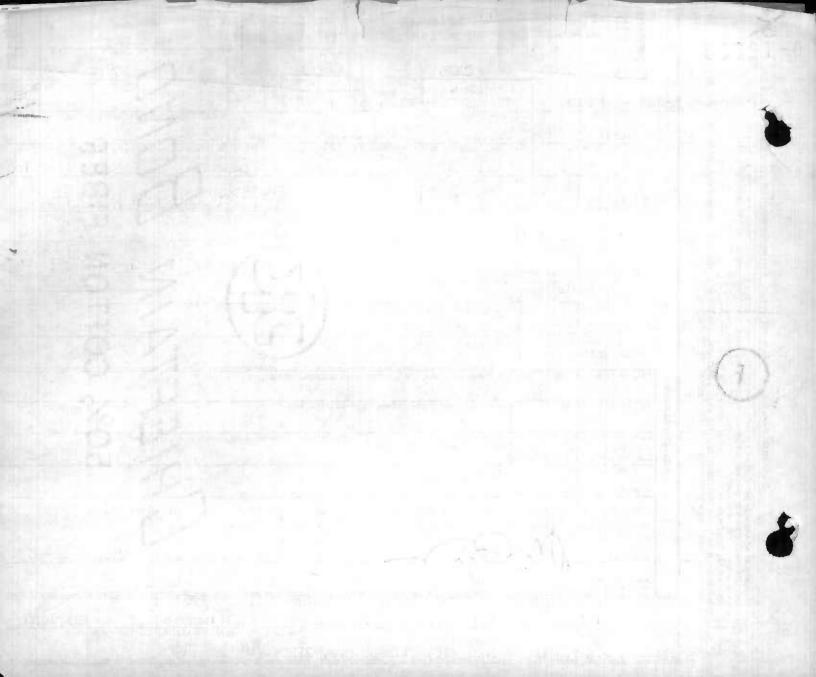


DECEASED NAME 1981	2		FOR STATE REGISTRAR			MENTAL HY	8 RES N	10 9	2 1	1 2
BERTHACE (STATE ORDERS ON 1/2 CHIZEN OF WHAT COUNTRY? 1/2 MARRIED 1/3 NEVER MARRIED 1/4 MA	e e e e e e e e e e e e e e e e e e e	TYPE (12 / I RACE TO	1, 13A4	ebee BIRTH	1000	8 21 RIHDAY) IF UN	86 DERIYEAR IF	230 M UNDER 24 HRS
BATTINGE TO MOST MASCULATE (QUESTRESHADORESS) AUCUME TYPE OF WOST FOR MOST ON MO		a. BIR	THPLACE (STATE OR FOREIGN	76 CITZEN OF WHAT C	MARRIED	NEVER MARRIED	D. H.	OR COUNTY OF	DEATH +	V MD.
DATE MADE YES NO BATTO MODE BATTO MODE BATTO MODE BATTO MODE BREAK BRE	filed the	BISUA	Attimore LRESIDENCE (IF NURSING HO)	ME OR OTHER INSTITUTION GIVE RESIL	FUTTON	1	MAXAME (DERATES IN		WA CO-
THE TOTAL PART I. DEATH Enter only one cause per line for (a), (b), and (c) PART I. DEATH Enter only one cause per line for (a), (b), and (c) PART I. DEATH Enter only one cause per line for (a), (b), and (c) PART I. DEATH Enter only one cause per line for (a), (b), and (c) PART I. DEATH Enter only one cause per line for (a), (b), and (c) PART I. DEATH Enter only one cause per line for (a), (b), and (c) PART I. DEATH Enter only one cause per line for (a), (b), and (c) PART I. DEATH Enter only one cause per line for (a), (b), and (c) PART I. DEATH Enter only one cause per line for (a), (b), and (c) PART I. DEATH Enter only one cause per line for (a), (b), and (c) PART I. DEATH Enter only one cause per line for (a), (b), and (c) PART I. DEATH Enter only one cause per line for (a), (b), and (c) PART I. DEATH Enter only one cause per line for (a), (b), and (c) PART I. DEATH Enter only one cause per line for (a), (b), and (c) PART I. DEATH Enter only one cause per line for (a), (b), and (c) PART I. DEATH Enter only one cause per line for (a), (b), and (c) PART I. DEATH Enter only one cause per line for (a), (b), and (c) PART I. DEATH Enter only one cause per line for (a), (b), and (c) PART I. DEATH Enter only one cause per line for (a), (b), and (c) PART I. DEATH Enter only one cause per line for (a), (b), and (c) PART I. DEATH Enter only one cause per line for (a), (b), and (c) PART I. DEATH Enter only one cause per line for (a), (b), and (c) PART I. DEATH Enter only one cause per line for (a), (b), and (c) PART I. DEATH Enter only one cause per line for (a), (b), and (c) PART I. DEATH Enter only one cause per line for (a), (b), and (c) PART I. DEATH Enter only one cause per line for (a), (b), and (c) PART I. DEATH Enter only one cause per line for (a), (b), and (c) PART I. DEATH Enter only one cause per line for (a), (b), and (c) PART I. DEATH Enter only one cause per line for (a), (b), and (c) PART I. DEATH Enter only one cause per line for (a), (b) PART I. DEATH Enter only one cause	3.2 sporeld b	M	HER'S NAME	-\$.	Attimore	YES NO	BAHO. MD		D LAST	Ave
DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stoting the underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 3 OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED PART 2 OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED PART 3 OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED PART 2 OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED PART 3 OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED PART 4 DEATH WAS CAUSED BY PART 1. DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF	medicol exp			S GIVE WAR OR DATES)	SARBER CIAL SECURITY NO. 12-03-8668	Bessie Bo	phee .	ESS 1704 RAHA	N. Fu.	HON Ave.
Canditions, if any, which gave rise to immediate cause lost. NOTE TO DEATH STRICE BORNO CRACLING MENTS & MOINTH CONDITION STRICE BORNO CRACLING MENTS & MOINTH CONDIT	on person the contract the	4	PART I. DEATH WAS CA	er only one cause per line far AUSED BY.		marest		437770	APPROXIMA BETWEEN ONS	TE INTERVAL SET AND DEATH
OR CONTRIBUTING CAUSE OF DEATH OWN A.M. MOINT DAT 1 EAR OR CONTRIBUTING CAUSE OF DEATH OWN A.M. MOINT DAT 1 EAR OR CONTRIBUTING CAUSE OF DEATH OWN A.M. MOINT DAT 1 EAR OR CONTRIBUTING CAUSE OF DEATH OWN A.M. MOINT DAT 1 EAR OR CONTRIBUTING CAUSE OF DEATH OWN A.M. MOINT DAT 1 EAR OR CONTRIBUTING CAUSE OF DEATH OWN A.M. MOINT DAT 1 EAR OR CONTRIBUTING CAUSE OF DEATH OWN A.M. MOINT DAT 1 EAR OR CONTRIBUTING CAUSE OF DEATH OWN A.M. MOINT DAT 1 EAR OR CONTRIBUTING CAUSE OF DEATH OWN A.M. MOINT DAT 1 EAR OR CONTRIBUTING CAUSE OF DEATH OWN A.M. MOINT DAT 1 EAR OR CONTRIBUTING CAUSE OF DEATH OWN A.M. MOINT DAT 1 EAR OR CONTRIBUTING CAUSE OF DEATH OWN A.M. MOINT DAT 1 EAR OR CONTRIBUTING CAUSE OF DEATH OWN A.M. MOINT DAT 1 EAR OR CONTRIBUTING CAUSE OF DEATH OWN A.M. MOINT DAT 1 EAR OR CONTRIBUTING CAUSE OF DEATH OWN A.M. MOINT DAT 1 EAR OR CONTRIBUTING CAUSE OF DEATH OWN A.M. MOINT DAT 1 EAR OR CONTRIBUTING CAUSE OF DEATH OWN A.M. MOINT DAT 1 EAR OR CONTRIBUTING CAUSE OF DEATH OWN A.M. MOINT DAT 1 EAR OR CONTRIBUTING CAUSE OF DEATH OWN A.M. MOINT DAT 1 EAR OR CONTRIBUTING CAUSE OF DEATH OWN A.M. MOINT DAT 1 EAR OR CONTRIBUTING CAUSE OF DEATH OWN A.M. MOINT DAT 1 EAR OR CONTRIBUTING CAUSE OF DEATH OWN A.M. MOINT DAT 1 EAR OR CONTRIBUTING CAUSE OF DEATH OWN A.M. MOINT DAT 1 EAR OR CONTRIBUTING CAUSE OF DEATH OWN A.M. MOINT DAT 1 EAR OR CONTRIBUTING CAUSE OF DEATH OWN A.M. MOINT DAT 1 EAR OR CONTRIBUTING CAUSE OF DEATH OWN A.M. MOINT DAT 1 EAR OR CONTRIBUTING CAUSE OF DEATH OWN A.M. MOINT DAT 1 EAR OR CONTRIBUTING CAUSE OF DEATH OWN A.M. MOINT DAT 1 EAR OR CONTRIBUTING CAUSE OF DEATH OWN A.M. MOINT DAT 1 EAR OR CONTRIBUTING CAUSE OF DEATH OWN A.M. MOINT DAT 1 EAR OR CONTRIBUTING CAUSE OF DEATH OWN A.M. MOINT DAT 1 EAR	ned by the please ren bural, crem y, or other t	1000	gave rise to immediate cause 101, storing the underlying cause lost	h (b) ME1 e due to, or as a control (c)	CONSEQUENCE OF	-			A PART I(a	MONTH
OR CONTRIBUTING CAUSE OF DEATH OUR A.M. MONTH DAT 1EAR USE EITHER NOTIFY MEDICAL EXAMINER) 2 Id INJURY OCCURRED 210 PLACE OF INJURY 211 LOCATION	permit. The	TIFICATION	98 DATE OF OPERATION	196. CONDITION FO	OR WHICH OPERATION	WAS PERFORMED		IN CERTIFYING	CAUSES OF	F DEATH?
			OR CONTRIBUTING CAUSE C	DE DEATH HOUR A.M. MC	ONTH DAY YEAR 19	ZII LOCATION	- 1			
	depl is me		220.1 certify that (1) (this h	1///						
dbove, (I) (we Mold) did not view the body after death. DEGREE ATTENDING MEDICAL STAFF	FunkRal Direction: A uld be detached for user in the State Dept. of Health of Manual is median to the annual is median to the	0	saw the deceased why	re on rid nat, view the body after de	vo Di	EGREE ATTENDING PHYSICIAN	MEDICAL STA	AFF		
a 2 above, (I) (we Moid) did not view the body after death. DEGREE ATTENDING MEDICAL STAFF	with the	0	saw the decessed by obove, (I) (we raid) d	id not view the backy after de	vo Vow	EGREE ATTENDING PHYSICIAN 220 ADDRESS 3900 LO	MEDICAL STA DIRECTOR PHYSI	AFF		

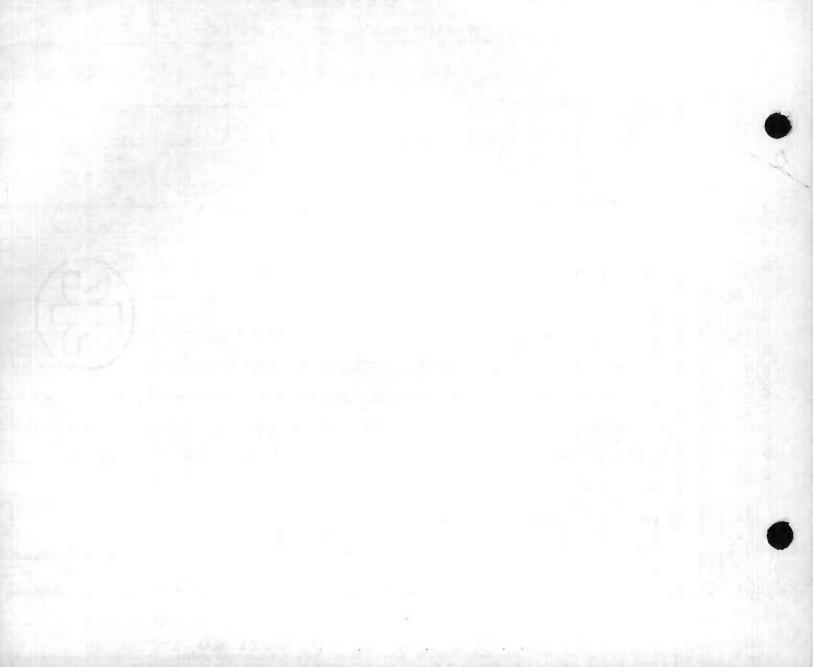
Date:			
		Va.	

17081	R	1.	FOR STATE			STATE OF MARY	D MENTAL HYGI	IENE 8 6	2	2 1	1 2
11000	0		REGISTRAR			CERTIFICATE OI	DEATH	REG.			
m.s			CEASED NAME FIRST	(Lillie)	33	LAST		20 DATE OF DEATH	MONTH DA	Y YEAR	2b. HOUR
noy be poge 3			LILLIAN	(HITTIE W		BARKSDALI	E		08 30	1986	8:55
a po		3. SE	X	4 RACE		DATE OF BIRTH	YEAR	6 AGE (IN YEARS LAST		UNDER I YEAR	IF UNDER 24 HE HOURS MI
ge 4	600	FE	MALE	NEGRO		09 22	1913		72 YRS.	oars.	I TOURS MI
Po Pour	e/ G	7a. B	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHA	AT COUNTRY? 8	MARRIED NEVE	DALABBIED T	9 BALTIMORE CITY	OR COUNTY	F DEATH	
	1/		ORGIA	U.S.A.		20.00	DIVORCED	BALTIMORE	CITY		
1 31 /	200	10. C	ITY OR TOWN OF DEATH		PITAL, NURSING	HOME OR OTHER IN	ISTITUTION	12a USUAL OCCUPA		12b KIND O	F BUSINESS
to 4.0	70	B	ALTIMORE	VILLA ST.				HOUSEWIF		INDUSTRE	
D C a	1	USU.	AL RESIDENCE (IF NURSING HOME OF		RESIDENCE BEFORE AD		CITYLLIANS	STREET ACCRES	C / 7/D CODE		
4 1	10		RYLAND		ALTIMORE	YESX 7	NO	13e.STREET ADDRES	L AVE.	21237	
1900年		14. FA	THER'S NAME			-6-	R'S MAIDEN NAM	AE			
D 23	D0		ARTHUR	MIDDLE	COLEMAN		MAMTE	MIDDLE	Cain	tas	
5 35	8 .	16a \	VAS DECEASED EVER IN U.S. AR		SOCIAL SECURI	TY NO. 17 INFOR		ADI	DRESS		07108
Poges	hed		YES NO OR UNKNOWN) (IF YES, GA	VE WAR OR DATES)	02-16-56	03 Anthu	r Willia	ms 75 Wir	ans Ave	N T	Newar
9 0 5	-						r MITITAL	IIIP I MII	ialis Ave		MATE INTERVAL ONSET AND DEA
	e -		18 CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE	TE CAUSE (o) META			CADOTNO	244		MARCH	
ned by please varied, cr.	y, or oth	18	underlying couse lost. PART 2 OTHER SIGNIFICANT ((c)	RIBUTING TO DE		ED TO THE TERMI	INAL DISEASE OR CO	ONDITION GIVE	N IN PART 110	2
Ther	2	Z O	HASCVD OLD C	VA							
hos hos	Z ows ony	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION	N FOR WHICH O	PERATION WAS PER	FORMED	200 AUTOPSY?	IN CERTIFY	WERE FINDIN	
phys phys infico	E 0		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M.	JURY MONTH DAY	YEAR	INJURY OCCURR	ED (ENTER NATURE OF I	NJURY IN ITEM 18 PAR	T 1 OR PART 2)	
G PH otten otten s the	lorked or I	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	218 PLACE OF II	NJURY FACTORY, OFFICE, FARA	21f LOCA	TION EET	CITY OF	TOWN	COUNTY	STATE
00	Ē		22a-1 certify that (1) (XXXXX				. 1976	, to30_AU	GUST 19	86	that (I) these
R ATTEN hospital RECTOR: ned for us	7		saw the deceased alive on obove, (IXXXXX (did no	30 AUGUST	1986	, and that in (m	y) XX opinion d	leoth occurred on the	dote and hour	and from the	couses stated
X 4 X 4 0	E		22b. SIGNATURE	7/1	o dedin.	DEGREE				22c. DATE	SIGNED
- f - f - e	<u>*</u>		Vin			M.D.	PHYSICIAN -	MEDICAL S'	TAFF SICIAN []	30 AI	UGUST 8
OSPITAL ed by t UNERAL d be det	Z		224. PHYSICIAN'S NAME (TYPE O	OR PRINT)		22e ADDR		CINCE TO NEW YORK	oicini (100 A	00031_0
0 0 5 7 7 5	5		ARTHUR M. LEBSO	ON M.D.		3640	FORDS LA	ME BAITT	MODE 01	115	
TE TOT	~										
TO HO	<u> </u>	23a. I	BURIAL, CREMATION, REMOVAL		²³ c NA Ea	ME OF CEMETERY O STVIEW Ce		234 LOCATION BELLEVI	MORE 212 imore Md		STATE
BP					²³ 1 NA Ea		R CREMATORY M •		imore Md	COUNTY	

		# HOR 2	bedef, 2	2a, Flim	618 EPARTM	STAR LENT OF H	ECHM	ARYLAN AND M	ND ENTAL H	IYGÍEN	EC	5	2	4	1 3
5		- STATE REGISTRAR	8/15/86	kam MED	DICALE	XAMIN	ER'S C	ERTIFIC	CATE	F DEA	TH	REG. N	NO.		
1-1	2603	1. DECEASED NAM	LE FIRST		MIDDLE			AST			20. DATE	KNOWN	MONT	H DAY	YEAR 26 HOU
	JRS. FF.		LARRY	CA	ARL	4	BA	RNCOF	RD CDS		OF DEATH	MATED	× 7	11	19 86
	PECTO FOLIA STRE	3 SEX	4. RACE	5 DATE OF BIRTH	YEAR 6	AGE (IN YEA			IF UNDER	24 HRS.	20. DATE		MONTH	1 DAY	YEAR 2d HOU
>	TON TON	MALE	WHITE	10 23	52	33 YR		JAIS	HOURS	MIN	DEAD		7	12	
4	S NECESSARY, PIEASE FUNERAL DIRECTOR. E. S FOR YOUR FILES. D., WITHIN 72 HOURS W. PRESTON STREET.	70 BIRTHPLACE (S FOREIGN COUNTRY)		76 CITIZEN OF WH	IAT COUNT	RY?	8 MARRIE		VERMARR		9 BALTIM				DEATH
1	N. P. S. P. W.	Marylane CITY OR TOWN		U.S.A.	PITAL NITE	SING HOME	WIDOWI		DIVORC		Balt	IMOY			ND OF BUSINESS
6	AY II THE FILE	Baltimo	ore	1101 S.	East	Ave.			11014	FOR	orer		THE OF WOR	OR	struction
.21201	FANY DEL RAND 3 TO RETAIN E SHOULD BE I RECORD	Maryland	136 COUN	DR OTHER INSTITUTION, GIV TY	13: CITY C Balti	DRIGWN		13d. INSIDE C	NO 🗆				ast A	ve.	21224
A OM	T 0 5/1 A	14. FATHER'S NAM		WIDDLE	LA	st _			ER'S MAIDI	ENNAME	м	IDDLE			LAST
BALTIMORE	AGES 1	Carl	Wi DEVER IN U.S. AR	lliam	Barno	cord	1110	Ch 17. INFORM	narlot	tte		ADDRES		L	app
MIT	S AFTER DE GIVE PAGE ITH FORM PAGES IVA IVISION OR	(YES, NO, OR UNKN		WAR OR DATES)			70	Ol 3	NAMI	D).		ADDRES		,	21227 Ct.
¥	S AFTER GIVE PA GIVE PA GIVE FOR PAGES I	NO 11 CAUSE C	DE DEATH (Esternal	ly ane cause per line		60-54	19	Charl	lotte	Penc	rook	TT H	ımıno	bira	PPROXIMATE INTERVAL
15	MW IB		FATH WAS CALISED				into	VICA	tion						WEEN ONSET AND DEATH
STO	A SECTION OF SECTION O	777	IMMEDIAI	DUE TO, OR				AICO		-11		774	0.19		
2	A A A A A A A A A A A A A A A A A A A		ins, if any, which ise to immediate	(b)						m/					
W.	N N N N N N N N N N N N N N N N N N N	couse (a lying co) stating the <u>under-</u> use last.	DUE TO, OR	AS A CONS	EQUENCE C	F					4.7%		0	
7	2 3 SE	2127 4 27172		(c)											
. 8	STORY THE		IGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH R	UT NOT RELATE	O TO THE TERMI	NAL OISEASE	OR CONDITIO	N GIVEN IN PA	RT 1 a					
24	BASSAS /	19a DATE O	OPERATION	196 CONDIT	ION FOR W	HICH OPER	ATION W	AS PERFOR	MED?		-			20 /	AUTOPSY?
IA	SHOUL CHIEF CHIEF TOF URIAL	JFIC												- 1	YES X NO
O P V	5 0 7 0 -	210. EXTERN	AL CAUSE WAS	21b. TIME OF HOUR A.M.		DAY YEAR	21c. HO	W INJURY	OCCURRE	D (ENTER	NATURE OF INJ	JURY IN ITEM I	8 PART 1 OR		
NO	IFFICATE WOLD THE WOULD THE WOULD THE WOLD THE W		G OR ING CAUSE OF E	DEATH P.M.	7/1	1 1986	Su		t us	ed o	drug				
DIVISION OF VITA	PR SECTION PROPERTY AND PROPERT	C THE INTURY	OCCURRED NOT WHILE XE AT WORK	21e PLACE O STREET, FACTO	OF INJURY ORY, FARM, ETC		21f LOC	REET			CITY OR TO	WN		COUNTY	STATE
۵	THIS C WARD PAGE STATE	AT WORK	AT WORK	Home			111	01 9	E. Ea	st	Ave.	, Ba	lto.	Md.	
•	UNER: FICATE FOR: TOR: THE S	22a I cert	ify that I took charg	e of the remains desc	ribed above	e, held an	Autops	<u>y X</u> .	Inspectio	n	Inquiry		and in my	opinion	
34	STIFIC STIFIC SECT RECT	death resul	ted fram: Natur	ral causes	Accident	, Sui	cide		cide 🔲	Undet	ermined mo	onner X	X		
	AEDICAL EXAM UTE THE CERTIF E 4 SHOULD BE UNERAL DIREC R DEATH, WITH IMORE, MARYL	ACTUAL SIGNATURE	/ IY	WAR	1		44		istan	t	ICAL EXAM		DAT	E_ 7	7-13-86
	DEAT A SHA	/	4	0/	,		M.	0	100				SIGI	1450	
	Z U/N E W E	EXAMINER'S (TYPE OR PR	NAME Ann	M. Dixon	, M.D.			DDRESS_	111	Penn	St.,	Balt	0., 1	MD 2	21201
	PA-TO PAET	(SPECIFY)	TION, REMOVAL 2			ME OF CEN				CITY	CATION		cc	YTAUC	STATE
07/84 25M	BP	Bu:		7/16/86	Lou	don Pa	ark C				timor REGISTRA		CICTO A DIE		laryland
	DHMH - 17 (VR A15 ME (5))	NAME		ADDRESS	1107	Wilke	מכ אני		229			IN LOB REC	JISTRAK S	SIGNAL	OKE STATE OF THE S



								RYLAND						
00-1	5793	1.	FOR STATE		DEPART	MENT OF H	EALTH A	AND ME	NTAL HY	GIENE	i i	2 2		
0 0 1	0100	1	REGISTRAR		MEDICAL	EXAMINE	R'S CE	RTIFIC	ATE OF	DEATH	. REC	G. NO.		
			CEASED NAME FIRST		MIDDLE		LA	ST		2a D		HTHOM XX	DAY YEAR	Zh HOUR
	111	(TYF	E OR PRINT)	and .			(D				OF ESTI-	prog.		
	ET CES AS	2.05	Albe		tkinson			nes)				MONTH	-15 19 86	
	58 E	3 SEX	4 RACE	5 DATE OF	DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UND		FUNDER 2		DATE	MONTH	DAY YEAR	3:15
	₹25gg.₹	MA	LE BLACK	05-3	30-18	68 YRS.					DEAD	8-	-1.5 1986	a.M
	AND SERVICE AND	7a B	RTHPLACE (STATE OR		OF WHAT COUN		AAA DDIED	□ NEVE	D ALADDIE	9 B/	ALTIMORE CI	TY OR COUN	TY OF DEATH	
	SASE 10		REIGN COUNTRY)	77.6	7 A		VIDOWED		DIVORCE		al+imon	re City	,	
	S NECESSARY, PLEASE FUNERAL DIRECTOR. S FOR YOUR FILES. W WITHIN 72 HOURS W PRESSON STREET,		RTH CAROLINA		OF HOSPITAL, NU					200	CCUPATION		12b KIND OF B	MD.
h	THE SHAPE		m 7.1	(IF NOT III	SUCH FACILITY, GIVE S	TREET ADDRESS)					OF WORKING LIFE		OR INDUS	
1	DELAY IS NE DELAY IS NE THE PAGE ST DEFILED W	0000	Baltimore AL RESIDENCE (IF IN NURSING HO		Beaumon								7.4	
/ 8	F85585		TATE 13b. CC			OR TOWN		I INSIDE CITY	LIMITS?	13e STREET A	DDRESS	7	1717	
- A	3.5年を表へ	MA	RYLAND		BAI	LTIMOR	3	YES X			EAUMO	NT	14/6	
9	Jan No		ATHER'S NAME				1:	5. MOTHER	'S MAIDEN	INAME				
4	朝を記り		CALVIN	MIDOLE	ATKINS	LAST CON		STE			MIDDLE	UTT	KERSON	
80	100 E		VAS DECEASED EVER IN U.S.	ARMED FORCE		IAL SECURITY	10. 17	INFORMA			ADDI		RENDON	
MI.	S AFTER GIVE PA ITH FOR PAGES I	(Y	ES, NO, OR UNKNOWN) (IF YES,	GIVE WAR OR DATES				DHILM	4 D D	ADMEG	0/10	DATE	urnii D	0 4 D
N N	A GIN	-	NO					DELM	AK B	ARNES	3412	FAIR	VIEW R	
E	NT V		18 CAUSE OF DEATH (Enter PART I DEATH WAS CAU	anly one cause	per line for (a), (b)), and (c).)							BETWEEN ONS	TE INTERVAL
W. PRESTON ST	SHOULD BE EXECUTED WITHIN 24 HOUR ORD "PENDING" IN PENCIL IN ITEM 18. CHIEF MEDICAL EXAMINER ALONG WISE USED AS A BURIAL. TRANSIT PERMIT. TO FHEALTH AND MENTAL HYGIENE, BI BURIAL, CREMATION, OR REMOVAL.	10	(1) / / ~ 20	DIATE CAUSE (o	Smoke	Inhala	tion				15-4-77.04			
STO	ALC ALC	1	8/06	DUE	TO, OR AS A CON	ISEQUENCE OF								
8	ER ITHE		Conditions, if any, wh											
W.	NA STAN		gave rise to immedicause (a) stating the una		TO, OR AS A CON	ISEQUENCE OF								7
5	IN PENAL		lying cause last.											
DIVISION OF VITAL RECORDS, 201	TE SHOULD BE EXECUTED WORD "PENDING" IN PENDING" IN PENDING EXAN DE USED AS A BURIAL. FIXTOR HEALTH AND MED BURIAL, CREMATION, C		BART & OTHER CICHIFICANT CONOUN	(c)										
2	EXEC BING H ABU	7	PART 2 OTHER SIGNIFICANT CONDIN	ONS CONTRIBUTING	TO DEATH ROT NOT RELA	HEO TO THE TERMINA	IL DISEASE O	R CONDITION 6	GIVEN IN PART	l (a)				
5	A AS A ALTH	. ₫												
1 2	FICATE SHOULD B 3 THE WORD "PEN TO THE CHIEF MEN HOULD BE USED AS ARTMENT OF HEAL	CERTIFICATION	190. DATE OF OPERATION	19b.	CONDITION FOR	WHICH OPERAT	ION WAS	SPERFORM	ED?				20 AUTOPS	Y?
É	383308	1 =											YES 🗌	NOXX
7	DEP H	H	210. EXTERNAL CAUSE WAS		IME OF INJURY	5.11 115.5	21c HOV	V INJURY C	OCCURRED	ENTER NATUR	OF INJURY IN ITE	M 18 PART 1 OR P	ART 2)	
Z	SH OSE		UNDERLYING WOR CONTRIBUTING CAUSE		UR A.M. MONTH	15 19 86	cub-	ioct r	2020	ared f	rom ho	use fi	ro	
Sio	SHA SHOW	MEDICAL	214 INJURY OCCURRED	21e	PLACE OF INJURY		21f. LOCA		.ecove	elea L	1. Oli 110	use III	LE	
N	C E E E E E E E E E E E E E E E E E E E	¥ W	WHILE AT WORK THE	XX ST	REET, FACTORY, FARM, E	TC.J	STRE				OR TOWN		YINUC	STATE
	WAN WAR		AT WORK AT WORK	- 115	home		544	Beaun	nont 1	Ave.,	Baltim	ore, Ma	aryland	
	ATE SES		22a I certify that thack th	arge of the rem	ains de fibed abe	ve, held an	Autopsy		Inspection	X. In	quiry .	and in my a	pinion	
	E CERTIFICATION BE FOUND BE FO		death resulted from N	atural couses	21 reader	XXI. Sin	- I	Homicid	le .	— Undetermin	ed manner			
	SERTING BENEFIT AND BENEFIT AN		11).	1	121	16		NULE (SPE		-				
	30207.8	10	ACTUAL CLU	1110	1X Mus	NA	1642		stant			DATE	8-15-	-26
	SER SER		SIGNATURE CO		100	7	-coom	POULS.	J CALLEC	MEDICAL	EXAMINER	SIGN	ED U 13	
	S S S S S S S S S S S S S S S S S S S	-	EXAMINER'S NAME	ennis F	Smyth,	A D		1	11 Pe	enn St	. Rali	to., Mo	a. 2120)1
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHO EXECUTE THE CERTIFICATE, WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CHILL TO FUNERAL DIRECTORE, PAGE 3 SHOULD BE US AFTER DEATH, WITH THE STATE DEPARTMENT OF BALTIMORE, MARYLAND, 21201 PRIOR TO BURIL							DKL33				., 11	. 2120	1
	- ma - 4 m	23a.B	URIAL, CREMATION, REMOVA	L 236 DATE		NAME OF CEME				23d LOCAT	ON			STATE
07/84	BP		BURTAL	08-20-	-86	MT. ZI	ON C				IMORE		YLAND	
25M	DHMH - 17	24 F	UNERAL DIRECTOR		ADDRESS							REGISTRAR'S	and the state of the State of	
	(VR A15 ME (5))	BR	OWN/THOMPSOI	N F.H.		. BALT	o. s	T.	AUG :	20198	0 1	التلاية إسمامه		



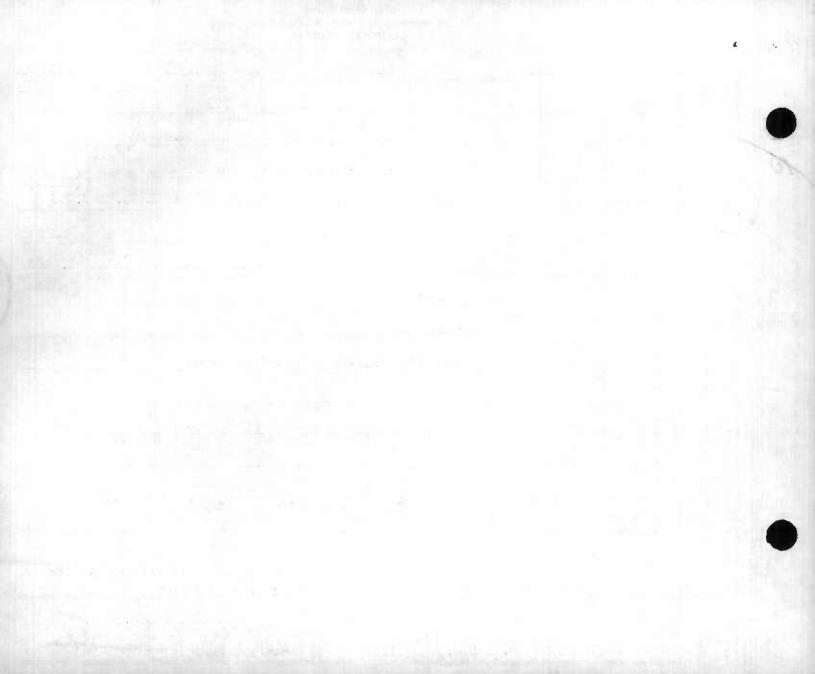
STATE OF MARYLAND

1 2 40 min/s The state of the s the state of the s trans a making of manager

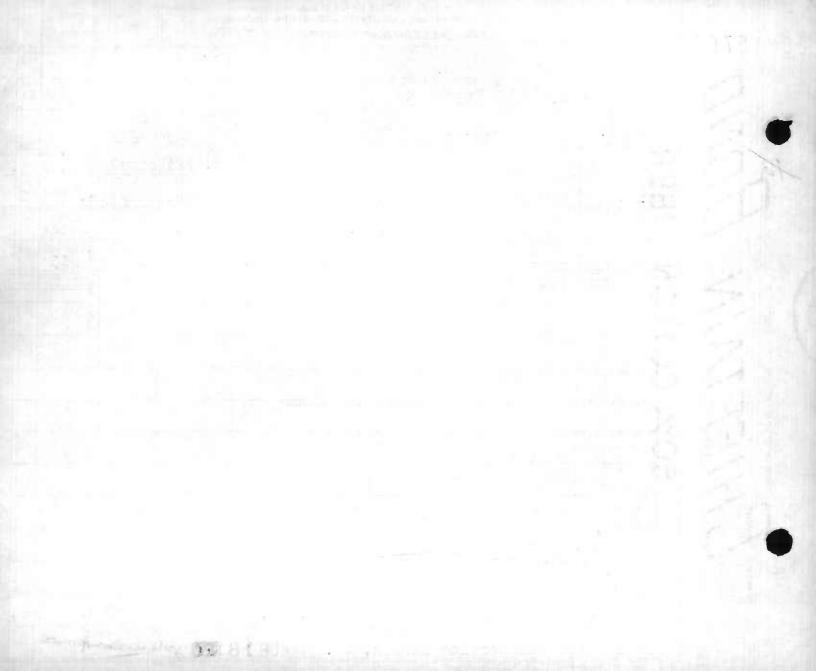
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20. DATE OF DEATH 26 HOUR (TYPE OR PRINT) SARNEI AUID 6. AGE | IN YEARS LAST BIRTHDAY IF UNDER I YEAR YEAR WHITE MALE 04 TO. BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED U.S.A. Baltimore City Canada DIVORCED M WIDOWED 10 CITY OR TOWN OF DEATH 1). NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) Baltimore Carpenter Union Local USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 130 STATE 13b. COUNTY Baltimore 13d. INSIDE CITY LIMITS? 1108 Quantril Way 21205 Md. YES X NOF 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE unknown LAST unknown 60 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 5043 Wright Ave. 166 SOCIAL SECURITY NO 17. INFORMANT (IF YES GIVE WAR OR DATES) Maurice McDonald (friend) 21205 Yes APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (0), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 28a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO [21a. ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER, NOTIFY MEDICAL EXAMINER P.M. 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE 220.1 certify that (II (this hospital) attended the deceased from 846.4 sow the deceased alive on 14445 27, 19 86, or , and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS should be with the 230 BURIAL CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION BURIAL Owings Mills Md STATE Garrison Forrest 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNE SCHIMUNEK FUNERAL HOME, INC. DHMH - 16 60M 7/84 (VRA 15, 4) 3331 Brehms Lane, Balto, Md. 21213

DAVID BARNETT 8-716 124 The temperature of the second Let we the second and the second and the second the second the second to the second the second to th The state of the s the state of the s 43/-1 8 X FRITTE PORT THE PORT AND THE PERSON AUS S S SEE STATE OF THE SEE S SUA

STATE OF MARYLAND



									MARYLAND			15 M	. 1	1 2	
		FOR STAT	E						AND MENTA	()	C)	la la	1	4	
00-	15703	REGI	STRAR			MEDICA	LEXAMIN	IER'S	DER THE TOTAL	OFDEA	TH	REG. NO.			
UU	13103	I. DECEAS	ED NAME	FIRST		MIDDLE			LAST		20 DATE KNO	OWN X MONT	H DAY	YEAR	26 HOUR
	P.S.E.S.			THOMAS	3	G.		E	BARTON		DEATH MA	TED 8	16	19 86	M
	PLEASE CTOR FILES. HOURS	3. SEX	4	RACE	5. DATE OF BI		6 AGE (IN YE	ARS IF UN		DER 24 HRS.	2c DATE	MONTH	DAY	YEAR	2d HOUR
	E NECESSARY, PIEASE NUNERAL DIRECTOR. E. AFOR YOUR FILES. D. WITHIN 72 HOURS W. PESTON STREET.	Male		Cauc.	9/14/	1950	35 y	RS. MONT	HS DAYS HOURS	MIN	PRONOUNCED DEAD	8	16	1986	1:15 Am
1	RAL RAL		LACE (STAT	EOR	76 CITIZEN O	F WHAT COL	JNTRY?	8. MARR	IED XXNEVER MA	ARRIED T	9 BALTIMORE	CITY OR COU			
	UNERAL DIR FOR YOU WITHIN 72	Pe	enna.		U.	S.A.		WIDOV		ORCED	Baltim	ore City	J		MD
CRines	E SEST	D CITY O	RTOWNOF	DEATH	TI. NAME OF	HOSPITAL, N	IURSING HOM	E, OR OTH	ER INSTITUTION	12a USU	JAL OCCUPATION	ON (TYPE OF WORK	12 CK	A OF DE	Wphi
12	F ANY DELAY N AND 3 TO THE W RETAIN PAGE SHOULD BE FILED. RECORDS, 201 W.	Bal	timore	e /	Unive	ersity	Hospita	al (S	TU)	Ass	st. Pr	incipal		h.Bi	
10	AAIN ORD	USUAL RES	SIDENCE IN	HI36 COUN	OR OTHER INSTITUTE				134 INSIDE CITY LIMITS	112. 570	SET ADDRESS		- 6	200	199
21201	IF ANY DEL 3. RETAIN 1 3. RETAIN 1 3. RECORDS	Penr	na.	Dau	phin	Ha	rrisbu	ırg	YES NO	760	00 Wood	dside .	Ave.	171	12
	2.00	14 FATHE			MIDOLE		1.50		15 MOTHER'S MA	AIDEN NAME					
Œ.	FTER DEATH. IF AN EF PAGES 1, 2, AN FORM PM 3. REGES 1 RNQ 2 SHO SION OF WHALE REGION OF WHALE REGES 100 FM PM	Jo	hn		R.	B	arton,	Sr.	Shir	cley	J.		F	leese	3
MOI	NO NO NO	160 WAS I	OF UNKNOWN	VER IN U.S. AR	MED FORCES?	16b. St	OCIAL SECURIT	Y NO.	17. INFORMANT	Wife	A	DDRESS			
BALTIMORE, MD			10	(IF YES, GIVE	WAR OR DATES)	- 188	-40-48	368	Rozanne	L. 1	Barton	Same	as	#13	
	D WITHIN 24 HOURS AF PENCIL IN ITEM 1B. GIVI WINNER ALONG WITH - TRANSIT PERMIT. PAG ENTAL HYGIENE, DIVISI OR REMOVAL.	18	CAUSE OF D	DEATH (Enter on	ly one couse pe	er line for (a),	(b), and (c).)						AF	PPROXIMATE	INTERVAL
PRESTON ST.,	0.058	5	PARTIDEAT	H WAS CAUSE	D BY: TE CAUSE (o)_			auma	with comp	olicat	ions		BETV	WEEN ONSET	AND DEATH
ō	ALONA VGIE OVA	7	8319	7			ONSEQUENCE								
iii iii	THIP FR INSI	5.0		if any, which	4										
×.	OR TRING	777	couse (o) st	to immediate or ting the under-		O, OR AS A CO	ONSEQUENCE	OF				77 L UNII			
201	N. ALAL	700	lying couse	last.	- ((c)										
RECORDS, 201 W.	A TIC	PARI	2 OTHER SIGNI	FICANT CONDITIONS	-	DEATH BUT NOT R	LATED TO THE TERA	HINAL DISEAS	E OR CONDITION GIVEN I	N PART 1 io					
Ö	PENDING MEDICA NEDICA O AS A BU EALTH AN	NO													
0K	HEA HEA	¥ 19a.	DATE OF O	PERATION	19b. CC	NDITION FO	R WHICH OPER	RATION W	AS PERFORMED?				20 /	AUTOPSY?	
DIVISION OF VITAL	SHOULD ORD "PE CHIEF A E USED / T OF HE/ URIAL, C	CERTIFICATION 518			- 1									YES 🗌	NO X
7	W W	21a		CAUSE WAS		NE OF INJURY		21c H	OW INJURY OCCU	RRED (FNTER	NATURE OF INJURY I	N ITEM 18 PART 1 OR			
NO	SHOOT S		DERLYING	OR CAUSE OF	DEATH 3:40		H DAY YEA		bject in	beviou	in raf	ting acc	rabin	at-	
/ISIG	ERTIF ING S SHO PRIO	71d	INJURY OC	CURRED	Zle PLA	ACE OF INJUI	RY (AT HOME.	21f. LO	CATION	, <u>01</u> , <u>1</u> <u>ca</u>	1			10.	19
á	WRITT WRITT WRITT WARDE AAGE 3 AAGE 3	₹ WH	WORK D	NOT WHILE E	STREE	T, FACTORY, FARA			STREET	OC	ean City		Orces	ster	MD
	HER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 H CATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM FORWARDED TO THE CHIEF MEDICAL EXAMINER ALON ONE, PAGE 3 SHOULD BE USED AS A BURIAL - ITEANSIT PER HE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIEN ND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.				6.4									, ccr	
	M Q S S E A	K		that I took charg				Autop			Inquiry 🗀	ond in my	opinion		
	AAM RTIF REC ITH	de	oth resulted	from: Natu	rol couses 🔲	. Accider	it LALI, Su	icide	, Hamicide L		ermined manner	٠ اــا،			
	A. V.	ACT	UAL	na c	TAI	1			Deputy	Chief	ICAL EXAMINE	DAT		8-16-	-86
	EAT SE	51G	NATURE	M	X			^	I.D. 12	MED	ICAL EXAMINE	R SIGN	1ED		
	MEDIC CUTE TI SE 4 SF FUNER ER DEA	EXA (TYP	MINER'S NA	ME Ann	M. Dixo	n, M.D			ADDRESS 11	1 Penn	St., E	Balto.,	MD	21201	
	TO MEDICAL EXAMINER: 19 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE STIP BALTIMORE, MARYTAND, 2	73a BURIA	CREMATIC	N, REMOVAL 2				METERY C	R CREMATORY		CATION				
07/04		(SPECIF)	Buria		8/20/	T			Mem. Pl			rg Daű	phir	n Pen	ina.
07/84 25M	BP	24. FUNER	AL DIRECTO	DR .	0/20/	00 1	210	_			REGISTRAP 17	Sh REGISTRAP'S	SIGNATI	LIDE	_
1777	OHMH - 17 (VR A15 ME (5))	Fle	mine	Funer	al Sei	CVICE			a. Al	J6 1 8	1888 J	whe David	son 4	andelle	4
4				2 01101	~ ~ ~ C	- 4700	DOI TO	119 191	n	JU I O	THE PARTY A				- 1

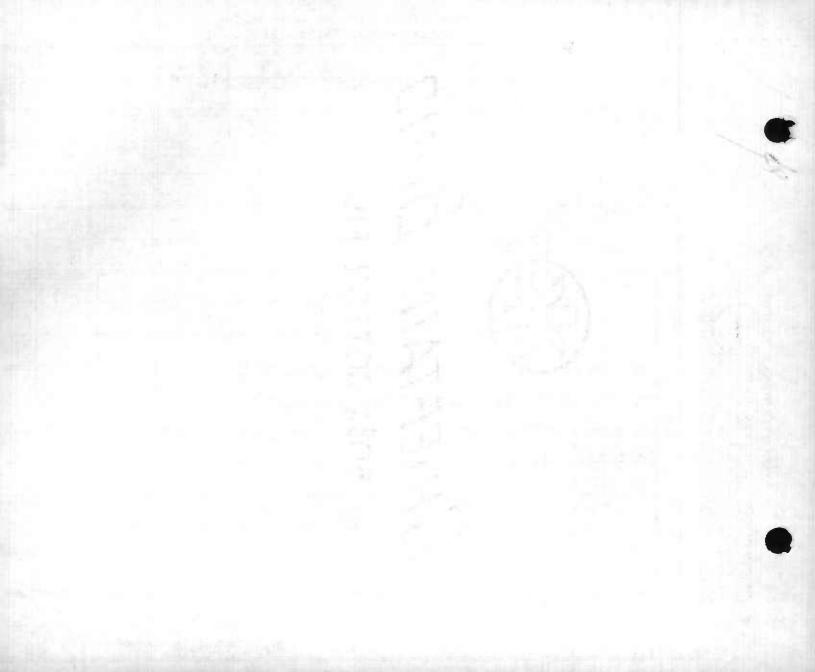


3	Mill a how be death. Page 4 may be GO	uneral director, page 3 Critical in the 72 hours ofter death
	PITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within a high within death. Page 4 may be CD by the haspital or ottending physician.	ERAL DIRECTOR: After this certificate has been signed by the ottending physician and compiled in this contribution director. page 3 craft betacked for use as the burial-transit permit. Then please remove carbonapopers. Pages to State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
	PITAL OR ATTENDIN	ERAL DIRECTOR: A e detoched for use Stote Dept of Healt

0.050	1.	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 5 2	2117
6952		CEASED NAME FIRST E OR PRINT) EDITH	MIDDLE Z	BASSLER	REG, NO. 20 DATE OF DEATH MONTH AUGUS!	-30 86 6:50M
ector, po	3. SE	EMALE	WHITE	S DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DATS HOURS MIN. RS.
deoth. Po	1	MARYLAND	76 CITIZEN OF WHAT COUNTRY? U.S.	MARRIED NEVER MARRIED NOWED DIVORCED	BALTIMORE CITY OR COL	//
1	B	ALTO MD.	WES LEY GIVESTREET	IG HOME OR OTHER INSTITUTION ADDRESS! ME	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) Seamstre.	
	13a	AL RESIDENCE (IF NURSING HOME OR STATE DE SOUN BE SOUN BA	13c. CITY OR TOW		13. STREET ADDRESS RO	gers AVE.
	2	George W.	Benhoff	Elena RITY NO. 17 INFORMANT	MJDDLE ADDRESS	Smith
e be exection and ers. Pages I.		YES NO OR UNKNOWN) (IF YES, GIVE	212-03-	9884 Wesley	Home Inc.	2211 W. Rogers AVE
certificating physicibon pop irbon pop or remova tic event,		PART I. DEATH WAS CAUSED	E CAUSE (O)	UNSON'S DISEN	1SC	BETWEEN ONSET AND DEATH YEXEP
ss that the death		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) ONDITIONS CONTRIBUTING TO S	NCE OF		
he low require hos been sign permit. Then ene prior to bu	CERTIFICATION	190 DATE OF OPERATION		DEATH BUT NOT RELATED TO THE TERM	20a AUTOPSY? 20b II	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \(\text{NO} \) \(\text{NO} \)
SICIAN TI ag physicic certificate mol-tronsil ento! Hygie frem 18 shr	3 1	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA' (IF EITHER NOTIFY MEDICAL EXAMINER)		21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEA	
ing physical of the physical o	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE FA		CITY OR TOWN	COUNTY STATE
ATTENDO ospitol or ospitol or use dor use of Heal		220.1 certify that (1) (this hospit sow the deceased all above. (1) we) (did) (did not 22b. SIGNATURE)	ol) attended the deceased from	\$6, and that in (our) opinion (to <u>F/30</u> death occurred on the date and	
by the hby the by the by the by the both e detoche Stote Depart. If the		22d PHYSICIAN'S NAME (1996 OF	E Polym	DEGREE ATTENDING PHYSICIAN PAGE ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	8/30/86
TO HOSPITA retoined by TO FUNERA should be de with the Stot	73a	ROBERT BURIAL, CREMATION, REMOVAL	E, ROBYIM	D. 8817 B	elain Rel. Trade LOCATION	21236
BP	1	Burial	9/4/86 Mo	reland Memorial Pa	rk Parkville,	Balto. Co. Md.
DHMH - 16 50M 1/81 (VRA 15, 4)	24 F	Burgee-He 8631 Falls Road	nss Funeral Home Baltimore, Ma	aryland 21211 SE	P4 1986	GISTRAR'S SIGNATURE

ACIES SERVICE SERVICE

			FOR			DEPART	STA MENT OF		ARYLAN I AND ME		YĢIENE		2	2		2)
			STATE REGISTRAR		ME	DICAL	EXAMIN	ER'S	ERTIFIC	CATEO	FDEAT	Н	REG. I	NO.			
-15.	317		CEASED NAME	FIRST		WIDDLE			LAST		20	DATE I	KNOWN		TH DAY	YEAR	R Zb HOUR
	別の可能的	(HYP	E OR PRINT)	Willi	ie .	Jean		В	axter			OF DEATH	ESII-		1 81	19 8	36
	製品支援	3. SEX	4	RACE	5 DATE OF BIRTH	YEAR	6. AGE (IN YE		IDER 1 YR.	IF UNDER		DATE		MÓNI	H DAT	Y YEA	
	ON STATE	F		B	11 5	55	30 Y		HS DAYS	HOURS	MIN PI	RONOUN DE AD	CED	8	/_ 8/	19 8	36 P
-	ESS AND A SESTION OF THE PARTY	7a. BI	RTHPLACE (STA	TE OR	76 CITIZEN OF W	HAT COUN	VTRY?	R. MARR	IED NEV	VER MARRIE	ED X 9	BALTIM	ORE CITY	OR COU	INTY OF	DEATH	
	A STATE OF THE STA		C.		u.s.			WIDOW	/ED 🗆	DIVORCE	ED O		ltimo				WE
a	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	10. CI	TY OR TOWN O	FDEATH	11 NAME OF HO			E, OR OTH	ER INSTITUT	TION	12a USUA FOR MC	L OCCUP	ATION (T	TYPE OF WOR		OR INDU	BUSINESS STRY
1	300 80		Baltim		Luthera	n Hos	pital	347	- 1/2		n/	a st of work					
100	ANY DE CORPORATION OF THE CORPOR	13a S	TATE	136 COUN	OR OTHER INSTITUTION, C				13d INSIDE CI	TY LIMITS?	13e_STREE	T ADDRES	SS				o la cita
- 17			ryland			Ba	ltimore	3	YES	NO 🗆	1365	Gilm	iore	Stre	et 2	1217	
WD	- 400 400	14 F/	THER'S NAME		MIDDLE		LAST		15 MOTHE	R'S MAIDE	NAME	MI	IDDLE			LAST	
BALTIMORE,	FER DEATH. E PAGES 1, FORM PM SES 1 AND 2 ION OF WITE	1	Thomas				xter			elma					Lem	ion	
IIWO	FS I SON		VAS DECEASED ES, NO, OR UNKNOW	EVER IN U.S. AR	MED FORCES? WAR OR DATES)	1000	CIAL SECURIT	Y NO.	17. INFORM			1005	ADDRE				9.00
MALT	S AFTER GIVE PA ITH FOR PAGES I IVISION	nc				2186	540296	100	The	lma Ba	axter	1365) N.	Gilm	ore	Stre	eet
12	DI WILL			TH WAS CALISED	ly one cause per lin			100						***************************************	BE	APPROXIM TWEEN ON	ATE INTERVAL
N N	A WOOD A		TAKI I DEA	IMMEDIA1	TE CAUSE (a)	Arter	ioscle:	rotic	Card:	iovas	cular	Dise	ease				
NOTESTON	224350	- 6		9 141	DUE TO, OI	R AS A CON	VSEQUENCE	OF									
25	E BESKE		gave rise	, if any, which to immediate	(b)												
*	Sa Sas		couse (o) s lying couse	tating the <u>under-</u> lost.	DUE TO, OI	R AS A CON	NSEQUENCE	OF									
25	100 P				(c)												
ONC	MA BEA	7			CONTRIBUTING TO DEATH	RUT NOT RELA	ATED TO THE TERM	IINAL OISEAS	E OR CONDITION	N GIVEN IN PAR	T 1 tal						
NECO .	- CARAGE	2	Diabet	es Mell	itus												
7	PATE DE	CERTIFICATION	ING. DATE OF C	PERATION	196. COND	II ION FOR	WHICH OPER	ATION W	AS PERFOR	WED?					20	AUTOPS	
7	The second second second	E	21a EXTERNAL	CALISEWAS	21b. TIME O	E INTUINY	200	21. 110	DAY INTERPRE	0.66410055						YES [NO 🗆
90	HE WO	100	UNDERLYING	OR	HOUR A./		DAY YEAR	R 210. PH	OW INJURY	OCCURREL) (ENTER NA	TURE OF INJU	JRY IN ITEM	18 PART 1 OF	PART 2)		
Sio	CERT HO ITING TH DED TO 3 SHOU DEPART 1 PRIOR	MEDICAL	214 INJURY OC	G CAUSE OF I		A. OF INJURY	19 (AT HOME.	215 10	CATION				-				
DIVISION	VRITING VRITING VRDED VRDED GE 3 SH GE 3 SH CE 2 SH 201 PRI	ME	WHILE AT WORK		STREET FAC	CTORY, FARM, E			TREET			CITY OR TOW	VN		COUNTY		STATE
	HANA AL		AT WORK	AT WORK													
	VER: THI CATE, W FORWA OR: PAC THE STA IND, 213		22a. I certify		e of the remains de	scribed obo	ave, held on	Autop	sy X.	Inspection	<u>.</u> .	Inquiry		and in my	opinion		
	HITTER STATE		death resulted	I from: Notus	ral couses 📈.	Accident	Su. Su	iicide 🔲	, Hamic	ide .	Undeter	mined mo	nner	,			
	EXAMINER CERTIFICAT OULD BE FOR DIRECTOR: 1, WITH THE MARYLAND		ACTUAL		X	1	Y		TITLE (SI					D.41			
	A H A H A H A H A H A H A H A H A H A H	1	SIGNATURE_		1	-/1	1	M	D. ASS	istan	L_MEDIC	AL EXAM	INER	SIG	NED	8/9	9/86
	MO NO		EXAMINER'S N	AME Cr	odoka D	Vauff	man M	D		1	11 Do	nn C	_				
	TO MEDICAL EXAMINI EXECUTE THE CERTIFIC PAGE 4 SHOULD BE F TO FUNERAL DIRECT AFTER DEATH, WITH THE BALTIMORE, MARYLAN	22.5	(TYPE OR PRINT		egory R.				ADDRESS_		11 Pe						
		(5	PECIFY)	ON, REMOVAL 2			NAME OF CE	METERY O	R CREMATO	OKY	23d LOC CITY OR	utus		C	OUNTY	Mans	land
07/84 25M	BP		Irial	OR	8/14/86	A	rbutus		Ti di	25a. DATE R			0 75h PF	GISTRAD'	SSIGNIA		Tallu
	DHMH - 17		NAME		ADDRES	S Eact	Nonth	Avenu		AUE		1026		Devid		L	ille.
	(VR A15 ME (5))	Wn	n.c.Marc	n F/H Ir	nc. 1101	cast	North 1	Avenu	E	AUC	170	1300	0				



6082

STATE OF MARYLAND

REG. NO.	2	2	1
----------	---	---	---

	- STATE REGISTRAR		C		E OF DEATH	GIENE	C REG. N	10. 2	2	1	2	
	DECEASED NAME FIRST	MIDDLE		LAST		2a. DAT	E OF DEATH	MONTH	DAY	YEAR	26 HOU	JR P
L	(YPE OR PRINT) JOHN			BEA	Sr.	AU	GUST	20,	1986	5	10	: 26
3	SEX	4. RACE	5.	DATE OF BIRT		6 AGE	(IN YEARS LAST B	RIHDAY)	MONTHS	ER I YEAR	IF UNDER	24 HRS
1	M	В		5 30	10	76	5	YRS		DATS	HOURS	MIN.
70	BIRTHPLACE ISTATE OR FOREIGN	76. CITIZEN OF WHAT	COUNTRY? 8	, ,,		9 BALT	MORE CITY			EATH		
Ŧ	Virginia	U.s.a.		narried 🗀 ! idowed🏻	DIVORCED [<u> </u>	BALTI	MORE	СТТ	rγ		MD.
10	CITIL OR TOWN OF DEATH	11. NAME OF HOSP				12a USU	JAL OCCUPAT	ION	12b	KINDO	F BUSIN	
H	BALTIMORE		LITY, GIVE STREET ADDR		HOSPITA		work for most		LIFE) IN	DUSTRY		
皂	SUAL RESIDENCE (IF NURSING HOME O				HOSPITA							
Ł	Maryland 13b cou	NTY 13c. C	altimore	13d. IN YES	SIDE CITY LIMITS?		et address North			Ctw	00+	ולפת דם
F	FATHER'S NAME		artimore		OTHER'S MAIDEN		MOLCH	brau.	rora	SUL	eet .	21224
1	FIRST	MIDDLE	LAST	12.74	FIRST		MIDDLE			LAS	.7	
Į.	Bob	a sa sancesa Ivi	Day	1110 12 0	Unknow	n	ADDF	DESS				
110		IVE WAR OR DATES)	SOCIAL SECURITY									
L	no	U:	nknwon	Par	tricia Ry	an 131	L1 Rose	Stre		212		
Г	18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	nly ane cause per line f	or (a), (b), and ich	.1	,					BETWEEN	MATE INTE	DEATH
Н		TE CAUSE (a) Car	Wiopulmo	nary	arrest					Im	madic	ate_
L		DUE TO, OR AS	A CONSEQUENC	EOF					-			
П	Canditions, if any, which		1000 mic	shock						12	hrs.	
	gave rise to immediate couse (a), stating the	DUE TO OR AS	A CONSEQUENC	E OE	^					. 1	0	
П	underlying cause lost.	10 Acu	/	// // 1	rtanction .					40	stay s	
L	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTR	IBUTINO DEA	TH BUT NOT F	RELATED TO THE TE	RMINALDIS	EASE OR CO	NDITION (SIVEN IN	PART In	o. <i>U</i>	
1	Chronic o	bstructive	pulmono	ry Dis	2052							
7	190 DATE OF OPERATION		FOR WHICH OP		SPERFORMED	20a /	AUTOPSY?		YES, WER			
+						YES	MON [III CER	YES	CAUSES	NO [
1	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	216. TIME OF INJ			HOW INJURY OCC	URRED (ENT	ER NATURE OF IN	IURY IN ITEM I	8 PART I O	R PART 2)		
48.0	OR CONTRIBUTION TO CAUSE OF DE	LAIN	MONTH DAY	YEAR 19								
	(IF EITHER NOTIFY MEDICAL EXAMIN	21e PLACE OF IN		21f. I	LOCATION		CITY OF T			OUNTY	10.3	STATE
Т	- WOLANIEE	(AT HOME STREET, FA	ACTORY OFFICE, FARM	ETC)	STREET		CITTORI	OWN		201111		JIAIL
1	220.1 certify that (1) (this has	oital) attended the dec	eased from	2115	19	pta_	2	20	19.5	(that (1)	(we) last
П	sow the deceased alive a above (1) well (did) (did r	63/5	and the	, and that	in (my) (aur) apini	an death ac	curred an the	date and h	naui and	liom the	causes s	tated
1	22b, SIGNATURE	ot view the bady alter	death.	DEGRE	EE				2	2c DAŢE	SIGNED)
	5000	Kanaa.		ms	ATTENDING	MEDI	CAL ST.	AFF	100	7/2	10/86	
1	22d PHYSICIAN'S NAME ITYPE	OR PRINT)		A	ADDRESS In La	DIREC	1	LIANG		0/0	-10-	
	ENNARA KACO	200			10 h	13 1101	Kins	11050				
-	etranup (1/2)	0	[00 1111	15.05.05.05.	D ₀	(T, 17	OCATION	405				
2	36. BURIAL, CREMATION, REMOVA Burial				ERY OR CREMATOR	234 1	CITY OR TOWN	7	COU	NIY M.	aryl	STATE
		8/26/8	6 Kin	g	I or	DATE DECID	Randal					
2	4 FUNERAL DIRECTOR		ADDRESS		250.	MIG O	BY REGISTRA	R 25b. REG	INTRAK'S	SIGNAT	URE	
	Wm.C.March F/H	Inc. 1101	East Nor	th Ave	nue	1000	J WINL	4	-			

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

The list on this paper contains certificates have been processed by in Baltimore. If you have sent birt not found on this or any previous Mitchell at 410-764-3187 or Ms. Man

- STATE

4 RACE

76 CITIZEN OF WHAT COUNTRY

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH

YEAR

NO []

17 INFORMANT

5. DATE OF BIRTH

REG. NO. 20 DATE OF DEATH 2b. HOUR 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED DIVORCED I ATORES 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR INDUSTRY NONF 15 MOTHER'S MAIDEN NAME

YES NO OR UNKNOWN)	I IF YES, GIVE	WAR OR DATES)	213-11-68
18 CAUSE OF DEAT PART I. DEATH W	VAS CALISED	RV	FUL MONA
Canditions, if any		DUE TO, C	PALADONI

ANIDDLE.

MIDDLE

190 DATE OF OPERATION

cause (o), stating the

underlying cause

CERTIFICATION

MEDICAL

196 CONDITION FOR WHICH OPERATION WAS PERFORMED TRACHEOSTOMY

200 AUTOPSY? NO - 20h IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES |

COUNTY

-16-86 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M.

DUE TO, OR AS A CONSEQUENCE OF

21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

21d INJURY OCCURRED WHILE NOT WHILE

REGISTRAR

10 CITY OR TOWN OF DEATH

1. DECEASED NAME

(TYPE OR PRINT)

To BIRTHPLACE

4 FATHER'S NAME

SCOT

3. SEX

71e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) 211 LOCATION CITY OR TOWN

STATE

226. SIGNATURE

1986, and that in (my) (our) apinian death accurred an the date and have and from the causes stated

ATTENDING MEDICAL PHYSICIAN TORRECTOR PHYSICIAN 22c DATE SIGNED

27e ADDRESS

73e. BURIAL, CREMATION, REMOVAL

23¢ NAME OF CEMETERY OR CREMATORY

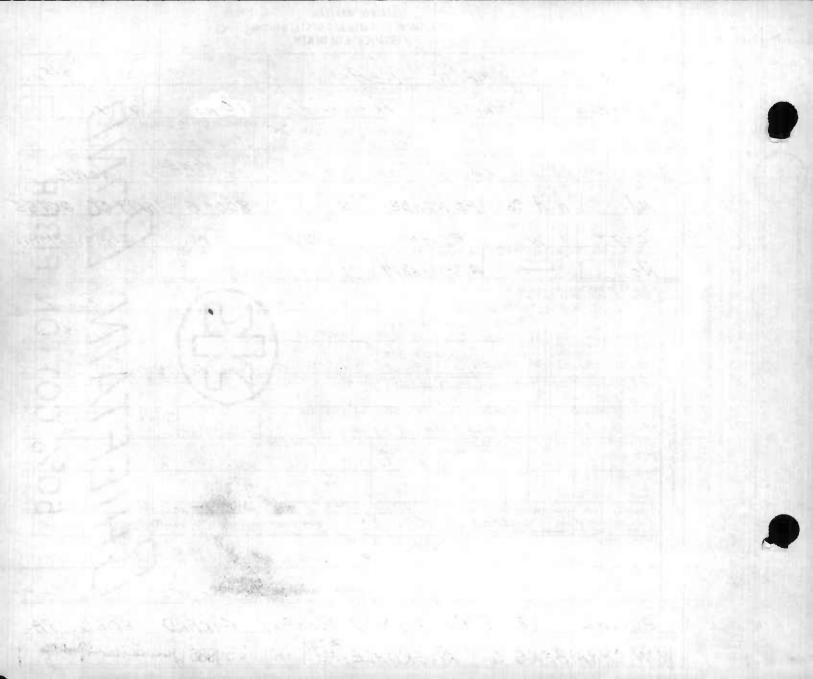
DEGREE

d b

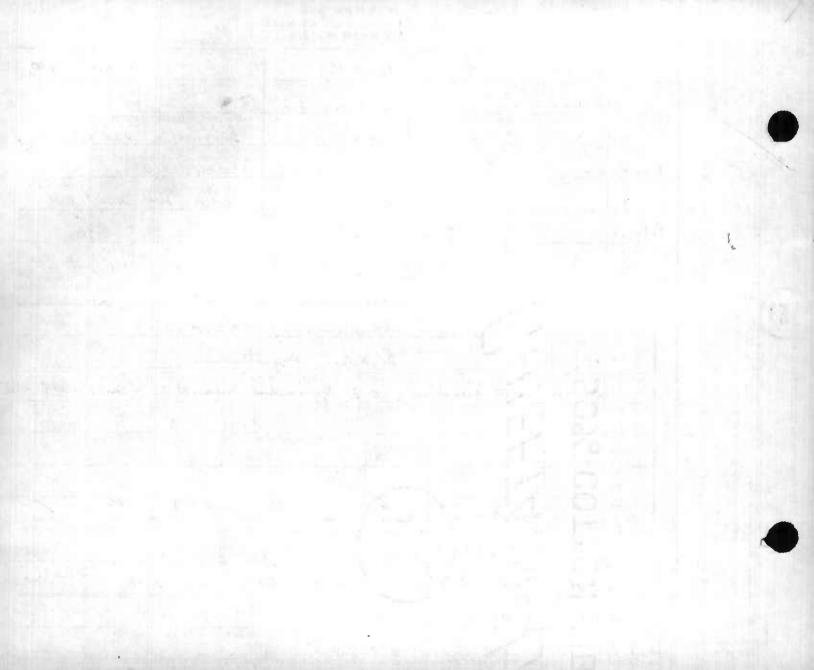
DHMH - 16 60M 7/84 (VRA 15, 4)

FUNERAL DIRECTOR

24 FUNERAL DIRECTOR



1				STATE OF MARYLAND		
P	1.	FOR STATE	DEP	ARTMENT OF HEALTH AND MENTAL H	YGIENE O	1
0-11026		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	11-
		CEASED NAME FIRST	MIDDLE	(AST	20. DATE OF DEATH MO	- 04
nay be page 3		ORPRINT) HELEN		BEANS	8	7 86 918 AM
o d d	3 SEX		4. RACE	5. DATE OF BIRTH	6. AGE JIN YEARS LAST BIRTHD	MONTHS DAYS HOURS MIN.
s of o	nu à	Female	A	MONTH DAY YEAR	83	YRS.
A 10 10/		RTHPLACE STATE OF FOREIGN	TE CITIZEN OF WHAT COUN		9. BALTIMORE CITY OR C	
	(OUNTRY	U.SA	WIDOWED NO DIVORCED		e oul (1+5mg)
	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	IRSING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	
No to Call	18	Actinono	Lu the	La dos Kital	Unemploy	
232	USUA	AL RESIDENCE (IF NURSING MOME OR TATE 136 COUN		BEFORE ADMISSION) TOWN 13d. INSIDE CITY LIMITS?		
ND 24 h	130. 3	Ma Iso Cook	172 1	more YES & NO []	13e.STREET ADDRESS / ZI	Destwood Ave
ryLA	14 FA	THER'S NAME		15 MOTHER'S MAIDEN N	NAME	
MAR w bed w	P	rlhent	MIDDLE	Son Maxia	MIDDIE	Gibson
1 5 0 -		AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL	SECURITY NO. 17 INFORMANT	ADDRESS	
MORE of the cond of Pages	- 1	ES, NO OR UNKNOWN) [IF YES, GIVI	E WAR OR DATES) 218-3	30-4225 Beitha J	Tanas 2428	Ellamont St
the the		18 CAUSE OF DEATH (Enter on	ly one couse per line for (o) (h	or and ic	21110	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
phys nove cent,		PART I. DEATH WAS CAUSE	DRY	Carebravascular	accident	212
ding surface tice		IMMEDIAI	E CAOSE TO			
othen ove co fign, oumo		Conditions, if ony, which	DUE TO, OR AS A CONS	Attero schero sio	, old CVA.	
he of records		gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONS	FOLISHER OF	The state of the s	
W by the other		underlying couse lost.	DUE TO, OR AS A CONS	Diohetes: 144	certenna	
201 pled pled vrial		PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDIT	ION GIVEN IN PART 110
RDS,	NO	Wrinary T	rest Injusti	an: old Myocan	dil Infanctio	in & cardie archythmia
ECOI	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION WAS PERFORMED		Ob. IF YES, WERE FINDING USED
L N N N N N N N N N N N N N N N N N N N	TIEK	Mis Ca			YES NO	YES NO NO
P VITAL AN: The physicion physicion of Hygier	CER	21a. ACCIDENT WAS UNDERLYING		21¢ HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN	TIEM 18 PART I OR PART 2)
NG PHYSICIAN: after this certificat os the burdi-tran th and Mental Hyg		OR CONTRIBUTING CAUSE OF DEA		DAT TEAR		
ON HAYS	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY	21f LOCATION	CITY OR TOWN	COUNTY STATE
NVISIO PH offer the street of street	Σ	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OF	FFICE, FARM, ETC)	CIII OK 10VIII	
0 0 4 9 0 E		22a.1 certify that (I) (this hospit	tal) attended the deceased for	om 8 - 3 19 0	6 10 8-7	, 1986, that (l) (ye) last
ATTEN Septiol CCTOR d for use		sow the deceased alive on above, (I) (we) (did) (did no	8 - 6	19 PG , and that in (my) (our) opinio	on death occurred on the date	and have and from the couses stated
* 4 8 4 9 a		27b. SIGNATURE	A A	DEGREE		22c. DATE SIGNED
the Order of the O		/h.J	· 5 h. 1	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	NO
HOSPITAL ned by if FUNERAL vid be det vithe State	-	224 PHYSICIAN'S NAME (TYPE O		22e ADDRESS	100	
0 0 0 0 0		JAVAIN	M SHAI	2300	Garrison 1	3/1/8
OT OT SHOW WITH THE PROPERTY OF THE PROPERTY O	23a E	URIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF CEMETERY OR CREMATOR	Y 23d LOCATION	
BP		SPECHY) Burial	8/11/86	Oak Grove Church C	em Nan Jemoy	COUNTY
DHMH - 16 50M 4/B3		JNERAL DIRECTOR			DATE REC'D. BY REGISTRAR 256	REGISTRAR'S SIGNATURE
(VRA 15, 4)	M	arch Funeral Ho	me West 4300 N	Wabash Avenue	AUG 1 1 1986	and the free production



marked or them 18 straws any injury, or other traumatic event,

IMPORTANT: If Hem 21 is

DI	STATE OF MARYLAND EPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE	6 REG.	2	2
DOLE	LAST	20 DA	ATE OF DEATH	MONIH	D
	Beatty			8	2
	5. DATE OF BIRTH	6. AGE	(IN YEARS LAST I	BIRTHDAY)	
an	5°NTH 22AY 0'3		83		M

	1 -	FOR STATE REGISTRAR		DEP		EALTH AND MEN		NE 6	2 2	i 2	4
		CEASED NAME FIRS		MIDDLE		4 +		20 DATE OF DEATH W	DAY	7 9/	26 HOUR
	3. SEX	Maı	4 RACE	G.	Bea Is. Date o		6	AGE (IN YEARS LAST BIRTH	DAY) IF	UNDER I YEAR	F UNDER 24 HRS.
		emale		asian	5 °NIH		0,3	83	YRS.	NTHS DAYS	HOURS MIN.
1	C	RTHPLACE (STATE OR FOREIGN OUNTRY) Vland		U.S.A.	MARRIEI WIDOWE	NEVER MAR	RIED '	Baltimore city or			MD.
1	10 CI	TY OR TOWN OF DEATH	Jensi 100	FOR BONDA	URSING HOME O	ROTHER INSTITUT	TION	20. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Housewife	N	12b. KIND O	maker
	130 S		ME OR OTHER INSTIT		Burnie	13d. INSIDE CITY L	LIMUS?	103 Woods	ZIP CODE Aver	ue 2	1061
h	JAN FA	THER'S NAME Charles	MIDDLE A	Const	hardt	15. MOTHER'S MA		MIDDLE	TE.	LAS	
1	/							- AD0956		Evans	
5		AS DECEASED EVER IN U. ES, NO OR UNKNOWN) (IF Y	ES, GIVE WAR OR DA	TES)	52 7560			cum, Mary 18 eatty 716		210 Bra	
		Canditions, if any, whice gove rise to immedia cause (a), stating the underlying cause last	DUE 1 th te De Due 1	(b)(O, OR AS A CON	SEQUENCE OF		12	ease			MATE INTERVAL DINSET AND DEATH
	NO	PART 2 OTHER SIGNIFICA	ANT CONDITIO	NS <u>CONTRIBUTIN</u>	G TO DEATH BUT	NOT RELATED TO	THE TERMIN	VAL DISEASE OR COND	ITION GIVEN	IN PART 110	X
1	CERTIFICATION	19a DATE OF OPERATION	19b. C	ONDITION FOR W	VHICH OPERATION	N WAS PERFORME	ED	20a AUTOPSY? YES NO SC	20b. IF YES, V IN CERTIFYII YES		OF DEATH?
1	MEDICAL CER	210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EXA	OF DEATH HOL	IME OF INJURY JR A.M. MONTI P.M.	H DAY YEAR		Y OCCURRE	D (ENTER NATURE OF INJURY	IN ITEM 18 PART	OR PART 2)	
	MEDI	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		LACE OF INJURY IME, STREET, FACTORY C	OFFICE, FARM ETC.)	21f LOCATION STREET		CITY OR TOW	N	COUNTY	STATE
		22a.1 certify that (this saw the deceased all above, (1) (we) (did) (c	ve on S	- 27	57	d that in (my) (our	9 5 5 r) Opinian de	to S - Z	7 19 e ond hour a		that (H= (we) last couses stated
,		226. SIGNATURE	= Ha.	tinun	, M	· D. PHY:	NDING SICIAN [MEDICAL STAFF		22c. DATE	27-86
		10 HN F.	14 AR	THAN,	MO.	1220 ADDRESS JENTI	ns M	enoRial-1	1000 5	: CATO,	NAC ZIZZ
	23a B	URIAL, CREMATION, REMO SPECIFIC BURIAL		^{1E} 29/86		Nationa		Baltimore	e Ci	ይሟ	Mđ

DHMH - 16 50M 4/B3 (VRA 15, 4)

BP.

RAYMOND C FINK GLEN BURNIE, MD. 21061 BY REGISTRAR S SIGNATURE

ED 51 3 45 257 37 3 3 4 5 5 5 7 2 T 500 THE THE PARTY OF T Consider 7 reflected nante Englisher to the 5 5

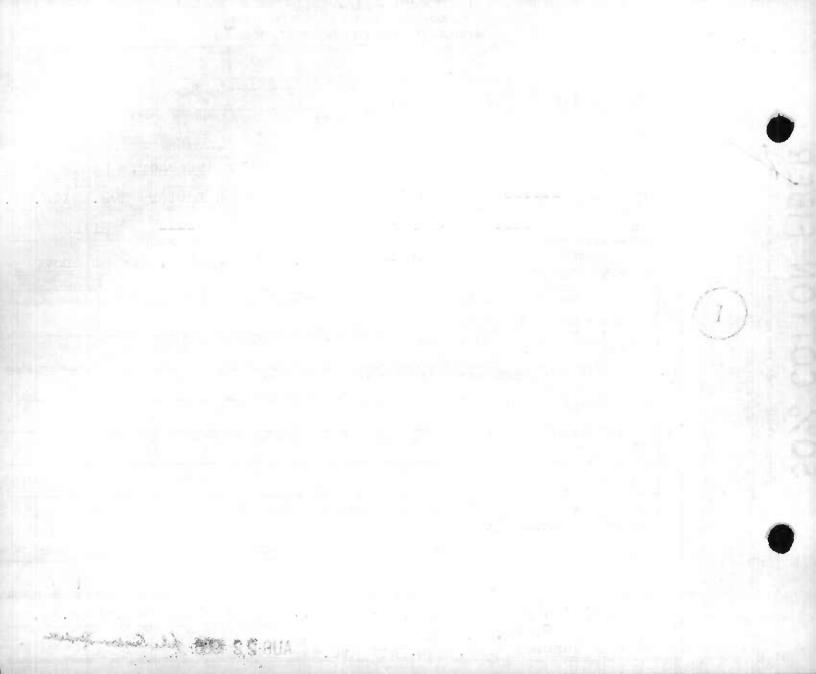
TOD SI, E THIS TELL OF THE OWNER



			FOR					E OF MARYL			V**3	0 1		4-
0-10	86	1.	STATE REGISTRAR			DEP	ARTMENT OF I	ICATE OF I		9	REG. NO.	la ?	6.	0
0 10	101		CEASED NAME	FIRST		MIDDLE		AST		20. DATE OF DI		TH DAY	YEAR 26	HOUR
oy b	deo			THON		F	BECZK			AUGUS		1986		3:25 M
4 º	ofter	3. SE	MALE		GAUC.		5. DATE (DAY	YEAR	6. AGE (IN YEAR	5 LAST BIRTHDÁY	MON1H5		OURS MIN.
) oge	200	4					80	29	1919	66		YRS		
deoth. P	25		RTHPLACE (STATE OR F COUNTRY) aryland	OREIGN	U.S.A		MARRIE WIDOWI	D NEVER	MARRIED	9 BALTI			AIH	MD.
ofter of	100	70. C	ITY OR TOWN OF DEA	TH		HOSPITAL, NU	URSING HOME (STREET ADDRESS)	OR OTHER INS	TITUTION	12a USUAL OC	CUPATION IR MOST OF WOR	126	KIND OF B	USINESS OR
ors o	04		ALTIMORE AL RESIDENCE (IF NURS	A STATE OF	JOHNS	HOPKI	NS HOS	PITAL		RETI	RED	. G	UNTHE	RS
24 hor	35	13a 3	ARY LAND	136 COUN	TIMORE	13c. CITY OR		13d INSIDE C	ITY LIMITS?	13e STREET ADI 415 PEI	ORESS / ZIP NBROOK	CODE BLVD.	@± 2	1224
vithii etely	7 612	13 F	ATHER'S NAME	,	AIDDLE	1AST		15 MOTHER'S	S MAIDEN NA		MDDLE		1451	
ted √ >mple	Puo Con	1	ALEXANDER		В.		CZKOWSKI	C.	ATHERIN	IE Ž	ANN		SKOB	OCINSKI
ond o	Poger		WAS DECEASED EVER		MED FORCES?	166 SOCIAL	SECURITY NO.	17 INFORMA		1175	ADDRESS	1		2122
be on o	S. Po		YES	W	WII	218-0	1-7005	Mrs.	Eleanor	Beczko	wski -			
physici	moval.		18 CAUSE OF DEATH PART I. DEATH W	AS CAUSE	y one couse per BY: CAUSE (a)	DOOLA	ble Ven	TR'CU	140	Ectop.	u	1	APPROXIMA METWEEN ONS	E INTERVAL ET AND DEATH
ding	or re			IMMEDIAI		R AS A CONS	EQUENCE OF	11100		0	1	1		w
in we want	otion, froumo		Canditions, if any,	which	(16) 4	PAST (ARdiA	Suga	REPUT	ossible	Ische	miA		
100	e e		gave rise to imm couse (a), statin underlying cause	nediote g the	DUE TO, O	RAS A CONS	EQUENCE OF			- 1	1.			
CC 200 B	eos oro				(c)	05514	10 4/6	IMONA	RYE	MOOL	C			
S TO SE SE	hen p to bur	z	PARTS OTHER SIGN	HEICANT C	11.	ONTRIBUTING	S TO DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE C	RCONDITIC	ON GIVEN IN	PART Ita	
	- 0 2	ATIC	19a DATE OF OPERAT	ION HI	1196 COND	ITION FOR W	HICH OPERATIO	N WAS PERFO	RMED	20g AUTOPS	Y? [20h	IF YES, WERI	FEINDING	SUSED
0 0	2 0 0	CERTIFICATION	6-21-	-86	A	50 V.	D	· · · · · · · · · · · · · · · · · · ·	MALE		IN IN	CERTIFYING	CAUSES OF	DEATH?
O + 3	Hygiene Hygiene	ERT	21a. ACCIDENT WAS UND	ERLYING	21b. TIME O			21c HOW IN	JURY OCCUR	RED (ENTER NATUR	-			40
SICIAN: T ng physica certificate			OR CONTRIBUTING C			M. MONTH	DAY YEAR							
HYSIC Iding	2 0	WEDICAL	21d INJURY OCCURR		21e PLACE	OF INJURY		211. LOCATIO				-		
G Pten	os the	M.	WHILE NOT WH	3.11	(AT HOME ST	REET, FACTORY, OF	FFICE, FARM ETC)	STREET		(ITY OR TOWN	co	UNTY	STATE
A P	mor mor		22a.1 certify that (1)	Action	all attended th	e deceased fr	ram 6-1	9	19 80	2 to 8	-26	19 8	76 . tho	We lost
TTEN	for a of H 21 is		saw the decease above, (I) (we) (a	d olive on	8-26	alter death	19_86.0	nd that in (my)	(our) opinion	death occurred a	n the date a	nd haur ond f	rom the cou	ses stoted
OR A DIREC	Dept.	17	22h SIGNATURE	1		/ /	1.	DEGREE				22	c. DATE SIC	NED
AL O			AMMO	11-	INMI	PUA	m.		PHYSICIAN [MEDICAL DIRECTOR	STAFF PHYSICIAN	ox 2	126	186
HOSPITAL ined by th	he Store		21 I SICIAN'S NA	ME TYPE OF	PRINT		, , , ,	12e ADDRES	5, /,	10	0			
O HOSI etoined TO FUN	should be deto with the State IMPORTANT: I		LOHN	K	KoDe	RT	5	600	N. We	OLFE	07	#21	205	•
J. i	₩ 3 ₹4		BURIAL, CREMATION,	REMOVAL	236. DATE		23c NAME OF C	EMETERY OR	CREMATORY	23d LOCATIO			70	67.495
BP			Burial		8/29	/86	St. Sta	nislaus	S	CITY OR		ltimor		MD.
DHMH - 16	5 60M 7/B4		UNERAL DIRECTOR			ADDO	PF S S		25a DAT	E REC'D. BY REG	ISTRAR 256 P	REGISTRAR'S	SIGNATURE	White the same of
(VRA	15, 4)		Walter Dab	rowsk:	i - 100:	5 Dunda	alk Aven	ue 2122	24 AUG	28 198	R guli	a Davido	V-Nous	A

Since the least on the same that X 015 YEL DESERVED THE RESERVE the deciment of the section set - 412 Paper settled. THE SALES A CONTRACT OF A CONTRACT. the contract of the second Button g Dyko de, ofmis us ALL STORISTS The work of the BERNIA WELL THE STATE OF THE PROPERTY OF THE P

		1	FOR			DEDART			ARYLAI				67	0		8	
			STATE		AAI		MENT OF H			- 4	YGIENE		2	6	600	1	
1-1	6124	LDE	REGISTRAR	FIRST	MI	MIDDLE	EXAMINI	:K.2 C	EKITE	CATEO	PUEAI	Н	REG.				
0 1	0121		E OR PRINT)						LASI		20	Qr.	KNOWN ESTI-		TH DAY	YEAR	26 HOUR
	LEASE CTOR. CTOR. OURS REET,	3 SEX	,		erick	G.	I or		eeche:				MATED	_ 0	, -, -,	19 86	M
	ARY, PLEA DIRECTO OUR FILE ON STREE		ale	White	5 DATE OF BIRTH		6 AGE (IN YEAR LAST BIRTHDAY	MONTH		IF UNDER 2		DATE RONOUN DE AD		MONT 8		YEAR 19 86	11940 A M
	34745		RTHPLACE (ST	ATE OR	76. CITIZEN OF V	-	TRY?	MAPPI	en XXVIE	VER MARRIE	9	BALTIM	ORE CITY		NTY OF D		11 ///
	NEE TO	M	arylar	nd	US.	A		WIDOW		DIVORCE		Ba.	ltimo	ore C	i.tv.		MD
-1	* # # # # # # # # # # # # # # # # # # #	10 C	TY OR TOWN	OF DEATH	11 NAME OF HO			OR OTH	ER INSTITU	TION	12a USUA		PATION (TYPE OF WOR	K 126. KIN	D OF BUS	
X	PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE		Baltin		South	Baltin	nore Ger	nera	l Hos	oital	Tax	Ass	ess(or.			f Md
21201	IF ANY DEU 2, AND 3 TO 3. RETAIN P SHOULD BE N. KECORDS,	13a. S	RESIDENCE TATE arylar	, 136. COUN	OR OTHER INSTITUTION,	13c CITY	OR TOWN		13d INSIDE C	NO [13e STREE	I ADDRE	SS ++ P1	rar A		1230)
9			THER'S NAME			1 20	2021101			ER'S MAIDEN		100	0001	Ly A	VС. П	2100	· Mu
¥,	HE SE		Homen	2	MIDDLE	Ве	echer			Emma		MI	IDDLE		Rix	Se.	
NO.	20×00 —	160. V	VAS DECEASEI	EVER IN U.S. AR			CIAL SECURITY	NO.	17. INFORA		-		ADDRE	SS			
BALTIMORE	S AFTE GIVE P TH FC PAGES VISIOI	(4	ES, NO, OR UNKNO		WAR OR DATES)		-16-52	12	Mrs	.Adel	е Ве	eech	er,	Same	as	abov	re
	2 5 5		18. CAUSE O	ATH WAS CALLED	nly one cause per lin						0 1117				BETW	PROXIMATE EEN ONSET	INTERVAL AND DEATH
NO	10000			IMMEDIA	TE CAUSE (a) A				Hyper	tensiv	e Car	rdiov	vascu	lar I	Disea	se	
ESTO	李子氏()		Condition	is, if any, which		R AS A CON	NSEQUENCE O	F									
<u>a.</u>	1		gave ris	e to immediate	(b)												
W 10	MAN AND AND AND AND AND AND AND AND AND A		lying cau	stoting the <u>under</u> - se lost.	DUE TO, O	R AS A CON	SEQUENCE OF										
5,2	SE S		DART 2 OTHER CM	NICICANT CONDITIONS	CONTRIBUTING 10 DEAT	N BAIL MAS BEL	750 00 000 000										
RECORDS, 201 W. PRESTON ST.,	SA B SA B STA B SEM	Z	TAKE 2 OTHER SIG	MILICANI CONDITIONS	CONTRIBUTING TO DEAT	KUI NUI KEL	ATED TO THE TERMIN	AL DISEASE	OR CONDITIO	N GIVEN IN PART	110						
ec	DE STATE	CERTIFICATION	190 DATE OF	OPERATION	196. COND	ITION FOR	WHICH OPERA	TION W	AS PERFOR	MED?					20 A	UTOPSY?	
· ·	S82323	Ě													Y	ES X	NO 🗆
DIVISION OF VITAL	FICATE OO THE OOKTOB RETMEN		UNDERLYING	OR CAUSE OF		M. MONTH	DAY YEAR	21c HC	W INJURY	OCCURRED	ENTERNA	TURE OF INJI	URY IN ITEM	18 PART I OR			
VISI	CERTIFIC TING THE PED TO 3 SHOR DEPART	MEDICAL	21d. INJURY C	CCURRED	STREET FA	OF INJURY	(AT HOME,		ATION			CITY OR TOW					
ō	MRI WRI WARE MAGE	1	AT WORK	NOT WHILE [`	CITT OR TOW	VN	15	COUNTY		STATE
	ND. ND.		22a I certif	y that I took charg	ge of the remains d	scribed obo	ove, held an	Autops	y X.	Inspection		Inquiry		and in my	apinion		
	MAN		death resulte	d from: Natu	ral causes	Accident	L, Suice	de .	Hamic	ide .	Undeterr	mined mo	nner _],			
	SASES.		ACTUAL		1	1	7		TITLE (S					2.47	-		
	3HENEW		SIGNATURE_			10	1	M.	D. ASS	istant	MEDIC	ALEXAM	INER	SIG	NED 8/	21/8	6
	MAN AND AND AND AND AND AND AND AND AND A		EXAMINER'S I	NAME Cross	gory R. K	auff	an M D			11	1 D-	04					
	TO MEDICAL E EXECUTE THE C PAGE 4 SHOW TO FUNERAL AFTER DEATH BALTIMORE N	23a BI		ION, REMOVAL			NAME OF CEMI		DDRESS_)PV	1 Per	an St					
07/84		(S		rial	8/23/198		adowri		70.07	Park			ge I	Howa	rd C	o.MA	TE
25M			INERAL DIREC	TOR B	alto.Md.	2122	O	age		250. DATE RE			R 25h RE	GIŞTRAR'S	SIGNATI		
	DHMH - 17 (VR A15 ME (5))		McCul:	ly Fune	ral Homo	9.130	E. Fort	- A		AUG	221	135	fulia	Sent	3	Mary .	;
					110111		THOTOT	AV	C.	7.00	20.		-				



STATE OF MARYLAND

The second of th

BP. DHMH - 16 60M 7 (VRA 15, 4)

poge 3

director. p

FOR STATE

S	TA	TE	OF	MA	RYL	AND	

DEPARTMENT OF HEALTH AND MENTAL HYGUENE CERTIFICATE OF DEATH

	CEASED NAME	FIRST	M	IDDLE	LAS	17		2a DATE OF	FDFATH	MONTH	DAY	YEAR	26 HOU
LEVER	OR PRINTS						1	Zu. DAIL O	DEATH		041	TEAR	
3911)	OKPRINT)	Flora	J	1-17	Bel	cher				8-	9-	86	04:
3, 5EX	х		RACE	•	5. DATE OF			6 AGE (IN)	EARS LAST BIR	THDAY)		VDER I YEAR	IF UNDER
1	Female			York did a	MONTH		YEAR 20		65	_	MONI	HS DAYS	HOURS
la Bir	RTHPLACE (STATE OF	1000000	CITIZENI OF V	White What COUNTRY?	10	26		9 BALTIMO			_	DEATH	
	COUNTRY)	FUREIGN /E			MARRIED	NEVER MARE	RIED -	DALITIMO	KE CITT O	K CODIA	TT OF	DEATH	
	Md.		U.S.A		WIDOWED				o. Ci				
My CI	ITY OR TOWN OF DE	ATH		OSPITAL, NURSIN		OTHER INSTITUT		120 USUAL	OCCUPATI K FOR MOST O	ON F WORKING	LIFE) II	2b. KIND O NDUSTRY	FBUSINE
100	Balto			Hosptial				Sales	person	1		Shoe	Stor
13a S	AL RESIDENCE (IF NUR	134 COUNT	THER INSTITUTION I	GIVE RESIDENCE BEFORE		13d INSIDECITY L	IMITS?	13e STREET	ADDRESS	ZIP CO	DE		
	Md.	Balt	to.	Owings 1			(X)		Walnu			2111	7
14 FA	ATHER'S NAME				1	S MOTHER'S MA							
	Charles	AA II	DeF	atta		Santa			MIDDLE	F	Papa	LAS	1
16aW	WAS DECEASED EVE	NU.S. ARMI	ED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT			ADDRE		арс		
Y.	YES NO OR UNKNOWN)	I IF YES, GIVE V	WAR OR DATES)	216-09-0	11/1	Bobby J	Rol	ohon	Como	00 1	70		
		1				Doody 0	· Del	cher,	Same	as I	Je	APPROV	MATEINTER
	18 CAUSE OF DEAT PART I. DEATH V	VAS CAUSED	one couse per l	line for (o), (b), on	d (c). I						-	BETWEEN	MATE INTER
		IMMEDIATE		Cand	1000.	arrest						non	-
		r, which mediate ng the e lost.	DUE TO, OR (b) DUE TO, OR (c)	AS A CONSEQUE	NCE OF		THE TERMIN	NAL DISFAS	E OR CON	DITION	SIVEN	N PART 114	
NOI	gove rise to im	r, which mediate ng the e lost.	DUE TO, OR (b) DUE TO, OR (c)	AS A CONSEQUE	NCE OF		THE TERMIN	NAL DISEAS	E OR CON	DITION G	SIVEN	N PART 110	
CATION	gove rise to im couse to i, stati underlying cous PART 2 OTHER SIG	which mediate ng the e lost.	DUE TO, OR (b) DUE TO, OR (c) ONDITIONS CO	AS A CONSEQUE	NCE OF	OT RELATED TO		NAL DISEAS		20b. 1F Y	ES, WE	ERE FINDIN	IGS USED
TIFICATION	gove rise to im couse (o), stort underlying cous PART 2 OTHER SIG	which mediate ng the e lost.	DUE TO, OR (b) DUE TO, OR (c) ONDITIONS CO	AS A CONSEQUE AS A CONSEQUE NITRIBUTING TO S TION FOR WHICH	NCE OF	OT RELATED TO				20b. 1F Y	ES, WE	ERE FINDING CAUSES	IGS USED
CERTIFICATION	gove rise to im couse (a), stori underlying cous PART 2 OTHER SIG	which mediate ng the e lost. NIFICANT CO	DUE TO, OR (b) DUE TO, OR (c) DODITIONS CO 196. CONDITIONS 2 ib. TIME OF	AS A CONSEQUE AS A CONSEQUE NTRIBUTING TO I TON FOR WHICH TICL SEC. A. TINJURY	ENCE OF DEATH BUT N OPERATION	OT RELATED TO	D	20a AUTO	DPSY?	20b. IF Y	TIFYING	ERE FINDING CAUSES	IGS USED
	gove rise to im couse (a), stati underlying cous PART 2 OTHER SIG	which mediate ng the e lost. NIFICANT CO	DUE TO, OR (b) DUE TO, OR (c) NDITIONS CO 19b. CONDITIONS 21b. TIME OF HOUR A.A.	AS A CONSEQUE AS A CONSEQUE NTRIBUTING TO E TON FOR WHICH THE LANGE AND THE LANGE	ENCE OF ENCE OF OPERATION OPERATION AY YEAR	WAS PERFORME	D	20a AUTO	DPSY?	20b. IF Y	TIFYING	ERE FINDING CAUSES	IGS USED
	gove rise to im couse (a), stori underlying cous PART 2 OTHER SIG	which mediate ng the e lost. NIFICANT CO	DUE TO, OR (b) DUE TO, OR (c) DODITIONS CO 19b. CONDITIONS 21b. TIME OR P.A. 21e. PLACE C	AS A CONSEQUE NTRIBUTING TO S TON FOR WHICH THE STATE STA	OPERATION OPERATION TO AY YEAR 19	WAS PERFORME 21c. HOW INJURY	D	20a AUTO	NO W	20b. IF Y IN CERT	YES, WE TIFYING YES 8 PAR1	ERE FINDING CAUSES OR PART 2)	IGS USED OF DEAT NO
CAL	gove rise to im couse (a), stori underlying cous PART 2 OTHER SIG	which mediate ng the e lost. NIFICANT CO DERLYING CAUSE OF DEATH CAUSE OF DEATH CREED	DUE TO, OR (b) DUE TO, OR (c) DODITIONS CO 19b. CONDITIONS 21b. TIME OR P.A. 21e. PLACE C	AS A CONSEQUE AS A CONSEQUE NTRIBUTING TO D ION FOR WHICH I TO D INJURY A. MONTH DA A.	OPERATION OPERATION OPERATION 19	WAS PERFORME	D	20a AUTO	DPSY?	20b. IF Y IN CERT	YES, WE TIFYING YES 8 PAR1	ERE FINDING CAUSES	IGS USED
	gove rise to im couse (a), stori underlying cous PART 2 OTHER SIG 19a DATE OF OPERA 21a ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MED AT WORK NOTICE AT WORK AT W.	which mediate ng the e lost. NIFICANT CO CAUSE OF DEATH ICAL EXAMINER] IRED IRED	DUE TO, OR (b) DUE TO, OR (c) DODITIONS CO 19b. CONDITIONS CO 21b. TIME OF HOUR A.A. 21e. PLACE C (AT HOME STREET	AS A CONSEQUE NTRIBUTING TO S TION FOR WHICH THE SECOND INJURY A. MONTH DA A. OF INJURY OF	OPERATION OPERATION AY YEAR 19 ARM, ETC.)	WAS PERFORME 21c. HOW INJURY 21c. HOW STREET	D Y OCCURRE	200 AUTO YES ED (ENTER NA	NO LA	20b. IF Y IN CERT	YES, WETTIFY INC	ERE FINDING CAUSES OR PART 2) COUNTY	IGS USEC OF DEAT NO
	gove rise to im couse (a), stori underlying cous PART 2 OTHER SIG 19a DATE OF OPERA 21a ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTEY MED 21d INJURY OCCUR WHILE AND WAS UN ALT WORK 22a.1 certify that (1)	which mediate ng the e lost. NIFICANT CO CAUSE OF DEATH ICAL EXAMINER] RED RED RES RES RES RES RES RES	DUE TO, OR (b) DUE TO, OR (c) NDITIONS CO 19b. CONDITIONS CO 21b. TIME OF HOUR A.A. P.A. 21e. PLACE C LATHOME STRE	AS A CONSEQUE AS A CONSEQUE NTRIBUTING TO I TON FOR WHICH TON FOR WHICH A. MONTH DA A. MONTH DA A. MORTH DA A. MORTH DA CELFACTORY OFFICE F deceosed from	OPERATION OPERATION OPERATION AY YEAR 19 ARM ETC)	WAS PERFORME 21c. HOW INJURY 21l. LOCATION STREET	OCCURRE	200 AUTO YES ED (ENTERNA	NO LA NO LA LTURE OF INJUI	20b. IF Y IN CERT	YES, WETTIFYING	COUNTY	IGS USED OF DEAT NO
	gove rise to im couse (a), stori underlying cous PART 2 OTHER SIG 19a DATE OF OPERA 21a ACCIDENT WAS UN OR CONTRIBUTING [(IF EITHER NOTIFY MED 21d INJURY OCCUB WMILE NOTIFY MED 220.1 certify that (1) sow 11 dece	which mediate ng the e lost. NIFICANT CO CAUSE OF DEATH ICAL EXAMINER] RED RED RES RES RES RES RES RES	DUE TO, OR (b) DUE TO, OR (c) NDITIONS CO 19b. CONDITIONS CO 21b. TIME OF HOUR A.A. P.A. 21e. PLACE C LATHOME STRE	AS A CONSEQUE AS A CONSEQUE NTRIBUTING TO I TON FOR WHICH TON FOR WHICH A. MONTH DA A. MONTH DA A. MORTH DA A. MORTH DA CELFACTORY OFFICE F deceosed from	OPERATION OPERATION 19 ARM ETC.)	WAS PERFORME 21t. GOW INJURY 21t. LOCATION SIREET	OCCURRE	200 AUTO YES ED (ENTERNA	NO LA NO LA LTURE OF INJUI	20b. IF Y IN CERT	YES, WETTIFYING	COUNTY	IGS USECOF DEAT NO C
	gove rise to im couse (a), stori underlying cous PART 2 OTHER SIG 19a DATE OF OPERA 21a ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTEY MED 21d INJURY OCCUR WHILE AND WAS UN ALT WORK 22a.1 certify that (1)	which mediate ng the e lost. NIFICANT CO CAUSE OF DEATH ICAL EXAMINER] RED RED RES RES RES RES RES RES	DUE TO, OR (b) DUE TO, OR (c) NDITIONS CO 19b. CONDITIONS CO 21b. TIME OF HOUR A.A. P.A. 21e. PLACE C LATHOME STRE	AS A CONSEQUE AS A CONSEQUE NTRIBUTING TO I TON FOR WHICH TON FOR WHICH A. MONTH DA A. MONTH DA A. MORTH DA A. MORTH DA CELFACTORY OFFICE F deceosed from	OPERATION OPERATION AY YEAR 19 ARM EIC) DECEMBER 19	WAS PERFORME 21c. HOW INJURY 21l. LOCATION STREET that in (my) (our	OCCURRE	20g AUTO YES ED (ENTER NA , to eoth occurre	NO DATE OF INJUING CITY OR TO	20b. IF Y IN CERT	YES, WETTIFYING	COUNTY	IGS USECOF DEAT NO C
	gove rise to im couse (a), stori underlying cous PART 2 OTHER SIG 19a DATE OF OPERA 21a ACCIDENT WAS UN OR CONTRIBUTING [(IF EITHER NOTIFY MED 21d INJURY OCCUR WHILE NOTIFY MED 22a.l certify that (1) sow the deceo obove (11) (we). 22b SIGNATURE	which mediate ng the e lost. NIFICANT CO OTHER CONTROL CO OTHER	DUE TO, OR (b) DUE TO, OR (c) DNDITIONS CO 19b. CONDITIONS CO 10b. CONDITIONS CO	AS A CONSEQUE AS A CONSEQUE NTRIBUTING TO I TON FOR WHICH TON FOR WHICH A. MONTH DA A. MONTH DA A. MORTH DA A. MORTH DA CELFACTORY OFFICE F deceosed from	OPERATION OPERATION AY YEAR 19 ARM. ETC.) DEC., and	WAS PERFORME 211. FIOW INJURY 211. LOCATION STREET 1 that in (my) (our EGREE ATTER PHYS	OCCURRE	200 AUTO YES ED (ENTERNA	CITY OR TO	20b. IF Y IN CERT	YES, WETTIFYING	COUNTY	IGS USECOF DEAT NO C
	gove rise to im couse (a), stori underlying cous PART 2 OTHER SIG 19a DATE OF OPERA 21a ACCIDENT WAS UN OR CONTRIBUTING [(IF EITHER NOTIFY MED 21d INJURY OCCUB WMILE NOTIFY MED 220.1 certify that (1) sow 11 dece	Which mediate ng the e lost. NIFICANT CO CAUSE OF DEATH ICAL EXAMINER RED White hospitological did not) AME ITYPE OR P	DUE TO, OR (b) DUE TO, OR (c) NDITIONS CO 19b. CONDITIONS 21b. TIME OF HOUR A.A. P.A. 21e. PLACE C (AT HOME STRE View the body of	AS A CONSEQUE AS A CONSEQUE NTRIBUTING TO I TON FOR WHICH TON FOR WHICH A. MONTH DA A. MONTH DA A. MORTH DA A. MORTH DA CELFACTORY OFFICE F deceosed from	OPERATION OPERATION AY YEAR 19 ARM. ETC.) DEC., and	WAS PERFORME 21L FIOW INJURY 21L LOCATION STREET Thot in (my) (our EGREE PHYS 22e ADDRESS	OCCURRE	20g AUTO YES ED (ENTER NA 10 eoth occurre	OPSY? NO LATURE OF INJUIL CITY OR 10 STAIL PHYSIC	20b. IF Y IN CERT	YES, WETTIFYING YES TO THE STATE OF THE STAT	COUNTY SG CAUSES ORPART 2) COUNTY SG CAUSES ORPART 2) COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY	IGS USECOF DEAT NO C
	gove rise to im couse (a), stori underlying cous PART 2 OTHER SIG 19a DATE OF OPERA 21a ACCIDENT WAS UN OR CONTRIBUTING [(IF EITHER NOTIFY MED 21d INJURY OCCUR WHILE NOTIFY MED 22a.l certify that (1) sow the deceo obove (11) (we). 22b SIGNATURE	Which mediate ng the e lost. NIFICANT CO CAUSE OF DEATH ICAL EXAMINER RED White hospitological did not) AME ITYPE OR P	DUE TO, OR (b) DUE TO, OR (c) DNDITIONS CO 19b. CONDITIONS CO 10b. CONDITIONS CO	AS A CONSEQUE AS A CONSEQUE NTRIBUTING TO I TON FOR WHICH TON FOR WHICH A. MONTH DA A. MONTH DA A. MORTH DA A. MORTH DA CELFACTORY OFFICE F deceosed from	OPERATION OPERATION AY YEAR 19 ARM. ETC.) DEC., and	WAS PERFORME 21L FIOW INJURY 21L LOCATION STREET Thot in (my) (our EGREE PHYS 22e ADDRESS	OCCURRE	20g AUTO YES ED (ENTERNA , to eoth occurre	OPSY? NO LATURE OF INJUIL CITY OR 10 STAIL PHYSIC	20b. IF Y IN CERT	YES, WETTIFYING	COUNTY SG CAUSES ORPART 2) COUNTY SG CAUSES ORPART 2) COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY	IGS USECOF DEAT NO C
WEDICAL MEDICAL	gove rise to im couse (a), stori underlying cous PART 2 OTHER SIG 19a DATE OF OPERA 21a ACCIDENT WAS UN OR CONTRIBUTING [(IF EITHER NOTIFY MED 21d INJURY OCCUR WHILE NOTIFY MED 22a.l certify that (1) sow the deceo obove (11) (we). 22b SIGNATURE	Which mediate ng the e lost. NIFICANT CO CAUSE OF DEATH ICAL EXAMINER] RED This hospitoled did not in the company of the	DUE TO, OR (b) DUE TO, OR (c) NDITIONS CO 19b. CONDITIONS 21b. TIME OF HOUR A.A. P.A. 21e. PLACE C (AT HOME STRE View the body of	AS A CONSEQUE AS A CONSEQUE NTRIBUTING TO I TON FOR WHICH TO THE SECOND A. MONTH DA A. MONTH DA A. MONTH DA A. MORTH DA A. MOR	OPERATION OPERATION OPERATION AY YEAR 19 ARM ETC.) JAME OF CE	WAS PERFORME 21L FIOW INJURY 21L LOCATION STREET Thot in (my) (our EGREE PHYS 22e ADDRESS	OCCURRED OPINION DE INCIAN AATORY	ZOO AUTO YES ED (ENTER NA LOCATE MEDICAL DIRECTOR [23d LOCATE]	OPSY? NO D NO D ATURE OF INJUI CITY OR 10 D PHYSIC	20b. IF Y IN CERT	YES, WETTIFY INCOME. 19 - OUT ONCO	COUNTY SG CAUSES ORPART 2) COUNTY SG CAUSES ORPART 2) COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY	IGS USECOF DEAT NO C

Tarray at many and a second of the company of the company

I make the first of the second of

FOR - STATE REGISTRAR

1. DECEASED NAME

Female

BIRTHPLACE (STATE OR FOREIGN

Maryland

Md

14 FATHER'S NAME

10 CITY OF TOWN OF DEATH

Baltimore

Theresa

4 RACE

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

MIDDLE

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

(YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)

Black

76 CITIZEN OF WHAT COUNTRY?

TYPE OR PRINTI

3 SEX

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

BENES

YES TO

17 INFORMANT

18

MARRIED NEVER MARRIED

13d. INSIDE CUY LIMITS?

NO

IS MOTHER'S MAIDEN NAME

S. DATE OF BIRTH

MONTH

4.

WIDOWED

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

Maryland General Hospital

13c CITY OR TOWN

LAST

Balto.

168 SOCIAL SECURITY NO.

IF UNDER I YEAR

INDUSTRY

140 W. Lafayette St. 21217

26 HOUR

126 KIND OF BUSINESS OR

8:20P

IF UNDER 24 HRS

REG. NO.

YEAR

14

20. DATE OF DEATH MONTH

6. AGE (IN YEARS LAST BIRTHDAY)

72

12a USUAL OCCUPATION

-none-

LTYPE OF WORK FOR MOST OF WORKING LIFE

13e STREET ADDRESS / ZIP CODE

MIDDLE

ADDRESS

August 1, 1986

BALTIMORE CITY OR COUNTY OF DEATH

Baltimore City

DIVISION OF VITAL RECORDS, 201

BP.

	Unkn.	219-14-1749	
	18 CAUSE OF DEATH Enter only of PART I. DEATH WAS CAUSED 8 IMMEDIATE C	Seviliscenia	APPROXIMATE INTE BETWEEN OMSET AND
	Conditions, if ony, which gove rise to immediate	DUE TO, OR AS A CONSEQUENCE OF Pneumonia	
	couse (o), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF Multiple decubitus	ulcers; Anemia.
ATION	Congestive hear	NDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED THE FAILURE; Cerebrovascular	TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
RTIFICAT	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFOR	MED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA YES NO [
At CE	Pla. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH [IF EITHER NOTIFY MEDICAL EXAMINER]	216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	URY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
MEDIC	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	216 PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE FARM, ETC.) 216 LOCATIO STREET	CITY OR TOWN COUNTY
	220.1 certify that (LX(this haspital) sow the deceased alive on above, (Hiwe) (did) (AX(ying) vi		, 19 $=$ 86 , to $=$ $=$ $=$ August 1 , 19 $=$ $=$ $=$ that (X (our) apinion death occurred on the date and hour and from the causes str
	226. SIGNATURE Dr. Chu		TENDING MEDICAL STAFF HYSICIAN DIRECTOR PHYSICIAN 8
	THE PROJECTION OF THE CHIEF OR THE	THE ADDRESS	Maryland General Hospitsl
230	BURIAL, CREMATION, REMOVAL (SPECIFY) Removal	36 DATE 234 NAME OF CEMETERY OR CE	REMATORY 23d. LOCATION CITYORTOWN COUNTY S
	UNERAL DIRECTOR	Board ADDRESS Balto., Mc	250 AUG 1 5 1986 AP 250 JEC STR DE SIGNATURAL

DHMH



AUG 1 5 1986 April Minter Per

(VRA 15, 4)



real of

1224 area 1224 area 1224 area

DHMH - 16 60M 7/84 (VRA 15, 4)

Aug.

Owings Mills. Md. 21117

he Devidson-Randelle

Cem. Owings Mills, Balto., Md.

CALL OF THE PARTY - All DE LOTTE ALEXANDER LINE LA COLOR DE MANAGEMENT LA COLOR TANK AND IN MARKET STATE AND STATE OF THE PARTY OF

CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH DECEASED NAME (TYPE OF PRINT) Aug. 27. 1986 Elmer 4 RACE & AGE (IN YEARS LAST BIRTHDAY) 1 SEX 16,1901 White Male **BALTIMORE CITY OR COUNTY OF DEATH** BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Maryland Baltimore City DIVORCEDXIX Steamfitter Baltimore UAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 1800 S. Charles St. Balto . Md. Raltimore Maryland 15 MOTHER'S MAIDEN NAME 4. FATHER'S NAME Mary Bentz 2106 ADDRESS 16b. SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 17-14-5731 Charles E. Bentz, Jr. 504 Theresa Ave. No 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY. ddenocarcinoma metastatic DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 198 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20b IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NON 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART : OR PART 2) 710 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH ond Mental MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) WHILE NOT WHILE AT WORK 22a. I certify that (1) (this haspital) attended the deceased from. saw the deceased alive as abave. (Diwe) (did) (did not new the body after death and that in (my) (aur) apinian death accurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN MD 22d PHYSICIAN'S NAME (TYPE OR PRINT d bi 601 N. Wolfe St. Baltimore, Hd. 21705 Peter C. Belitsos 230 BURIAL, CREMATION, REMOVAL 231. NAME OF CEMETERY OR CREMATORY (SPECIFY) Cedar Hill Cemt.

IF UNDER 1 YEAR

INDUSTRY

YES T

COUNTY

22c. DATE SIGNED 0/28/86

Local

Smith

Glen Burnie, Md.

APPROXIMATE INTERVAL

5 years

STATE

2b. HOUR

126 KIND OF BUSINESS OR

IF UNDER 24 HRS

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Entombment Balto.Md.21230 Funeral Home, 130 E. Fort (VRA 15, 4)

FOR

- STATE

Balto.A.A.Co.Maryland 250. DATE REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84

Her Tyersw. DO. D. C7 - U

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO DECEASED NAME 2ª DATE KNOWN [] (TYPE OR PRINT) ESTI-I. Mildred Biedenback DEATH MATED X 1986 4. RACE S. DATE OF BIRTH & AGE (IN YEARS IF UNDER 24 HRS DATE 8:15 DIRECTOR I LAST BIRTHDAY PRONOUNCED Female White Feb 24 1905 DEAD 81 YRS 1986 a. M 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! U.S.A. Maryland WIDOWED X DIVORCED Baltimore City IO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 128 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS OR INDUSTRY 5182 Wright Avenue Saleslady Ret. Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 21205 30 STATE 13b COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Baltimore NO [5182 Wright Avenue 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST LAST Phillip Wittmer Graham Ida & WAS DECEASED EVER IN U.S. ARMED FORCES? 166, SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 21234 (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) No 3401 Northway Drive 220-05-9297 Julia I. Urban 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Hypertensive Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in SA CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT OF DI PRIOR TO BURIA YES [NO W 218 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) HOULD HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21d. INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE AT WORK CITY OR FOWN STATE TO MEDICAL EXAMINER: INIS EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2121 Inspection XX 22a I certify that I took charge of the remains described above, held an Natural couses TITLE SPECIFY Assistant EXAMINER'S NAME 111 Penn St., Balto., Md. Dennis F. SMyth, M.D 230. BURIAL, CREMATION, REMOVAL 236. DATE 23d LOCATION 23r NAME OF CEMETERY OR CREMATORY Aug 6 1986 Oak Lawn Cemetery Baltimore Maryland Burial 07/84 25M 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE who Davidson-Randalle **DHMH - 17** Leonard J. Ruck, Inc. Baltimore, Maryland (VR A15 ME (5))

TO COCT AS DOWN SELECT SLANDS .i. . . V initiates a 5182 wilder twenty Backytes mediant. ej liel original light mast . True de light mortion, priva

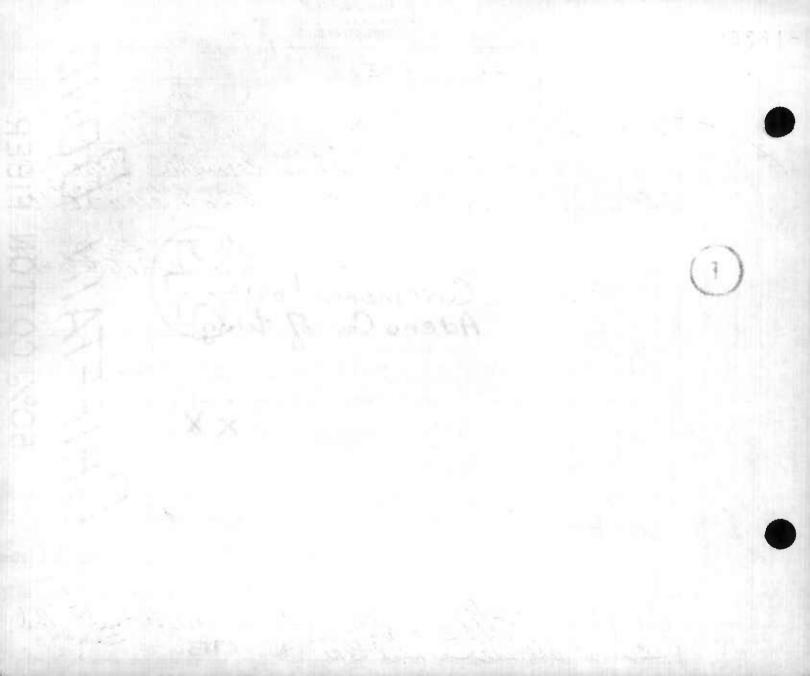
interest and and interest services and and and interest

dalesiat lat.

Leveline . . ruck, inc. _altitore, laryimud

(VRA 15, 4)

STATE OF MARYLAND

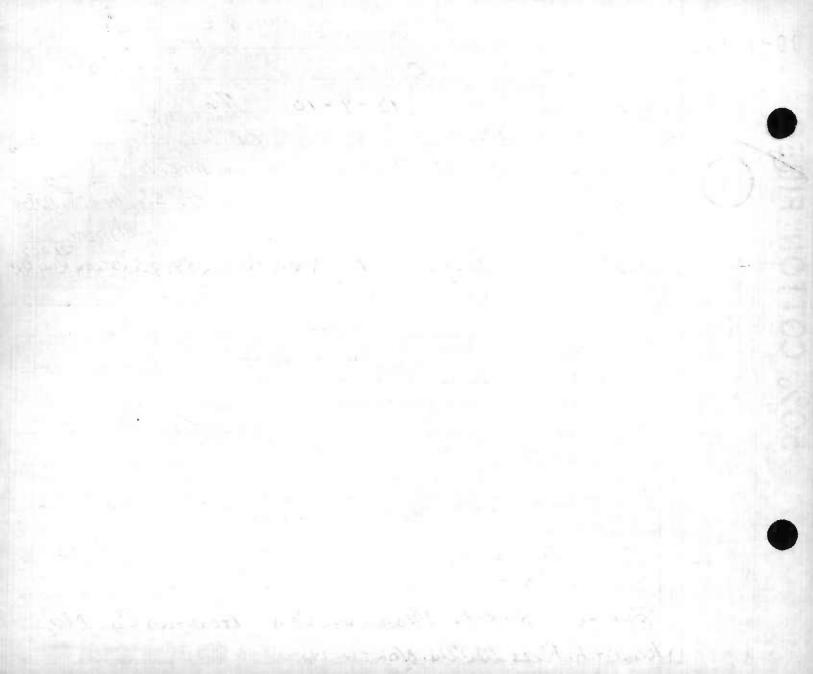


leber Juneral Home 5311 Edmondson Ave.

(VRA 15, 4)

STATE OF MARYLAND





2.168 Condie prepadency aneral? S When the Month server people and what South Resonance Mill Commence

00-16950	TYPE	FOR STATE REGISTRAR CEASED NAM ORPRINT)
within Four anoth Fage 4 mo	Ma 10 CI Ba USU/ 13a. S	Male RTHPLACE TYPland TY OR TOWN ALTIMOT ALTERSIDENCE
IMORE, M.		VAS DECEASI LES NO OR UNKN YES
AL OR ATTENDING PHYSICIAN The low requires that the death resistence by the hospital or attending physician. AL DIRECTOR: After this certificate has been signed by the intenting physician detached for use as the buriol-transit permit. Then please remote control or better the signed by the minimum physician to be best of Health and Mental Hygiene prior to buriol, cremation or removed to them 21 is marked or hem 18 shows any injury, or ather traumatic control.	MEDICAL CERTIFICATION	Canditions, gave rise cause (a), underlying PART 2 OTH 19a DATE OF 21a, ACCIDEN OR CONTRIBUT (IF EITHER INC 21d INJURY WHILE AT WORK 220 I certify saw the obove, (2)

STATE OF MARYLAND CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

100								I	REO, NO.						
		CEASED NAME FIRST ORPRINT) Walter		NIODLE S.	Bla	ke		20. DATE OF D	EATH MO			86	26 HOU	JR M	
	3. SEX	(4 RACE		5. DATE O			6 AGE (IN YEAR	RS LAST BIRTHD	AY)	IF UNDER		IF UNDER		
		Male	Wh:	ite	MONTH.	eb. 20,	1909	77		YRS	MONTHS	DAYS	HOURS	MIN.	
1		RTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.			9 BALTIMORE	CITY OR		OF DE	ATH			
		ryland	USA		WIDOWE		ORCED	City					MD.		
0		Itimore		HOSPITAL, NURSIN HEACULITY GIVE STREET Betvede				120 USUAL OF TYPE OF WORK FO Brickle	OR MOST OF W		FE) IND	kind of ustry elf	BUSIN	ESS OR	
5		AL RESIDENCE (IF NURSING HOME TATE Md. 136 CO		Baltimor		13d. INSIDE C	ITY LIMITS?	13° STREET &P	DRESS / Z	IP CODE	re A	ve 2	2121	5	
0	14 FA	THER'S NAME John	WIDDLE	Blake			maiden na garet		WIODLE		S	cott	17	- 9	
-	16n W	AS DECEASED EVED IN HIS	ARMED FORCES?	16b. SOCIAL SECU	RITY NO	17 INFORMA			ADDRESS	,		-			
1		yes WII	TE WAR OR DATES)	220-05-3				ke same	as 13	3e					
		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMED	SED BY. IATE CAUSE (a)	R AS A CONSEQUE	NCE OF	copi	au	est			Ri	APPROXIVEL OF	MATE INTE	RVAI) DEATH	
70		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	((c)_	R AS A CONSEQUE	erlyiv	A	semia								
	NO	R CC 1	DW-em	-	DEATH BUT	NOT RELATED	TO THE TERM	NINAL DISEASE (DR CONDIT	ION GIV	ZEN IN P	'ART 1 a			
7	CERTIFICATION	190 DATE OF OPERATION	19b COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	200 AUTOP		20b. IF YES				TH?	
5		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	110110 1	FINJURY M. MONTH DA	YEAR	21¢ HOW IN	JURY OCCUR	RED (ENTER NATU	RE OF INJURY II	N ITEM 18 I	PART I OR I	PART 2)			
1	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAM)	P. 21e PLACE		19	211 LOCATIO	N								
	ME	WHILE NOT WHILE AT WORK		REET, FACTORY, OFFICE, F.	ARM, ETC.]	STREET			CITY OR TOWN		COL	YINU		STATE	
		220 I certify that (1) this ho saw the deceased alive obove, (1) (we) (d.d.) (did	an d	12 19	76 an	d that in (my)	aur) opinion	death accurred	an the date	ond hou	19 di	-	he (1)	we) last ated	
		776 SIGNATURE	uleo g	lew	a	28	THENDING Y	DICAL ECTOR [STAFF PHYSICIAI	z 🗆	220	1/2	sli	6	
		Claudio Levi				10219		llfield	Rd						
		URIAL, CREMATION, REMOV	23b. DATE 9-3-86	3.7		thedra		BaTt			COUN	ſγ	М	id"	

DHMH - 16 60M 7/84

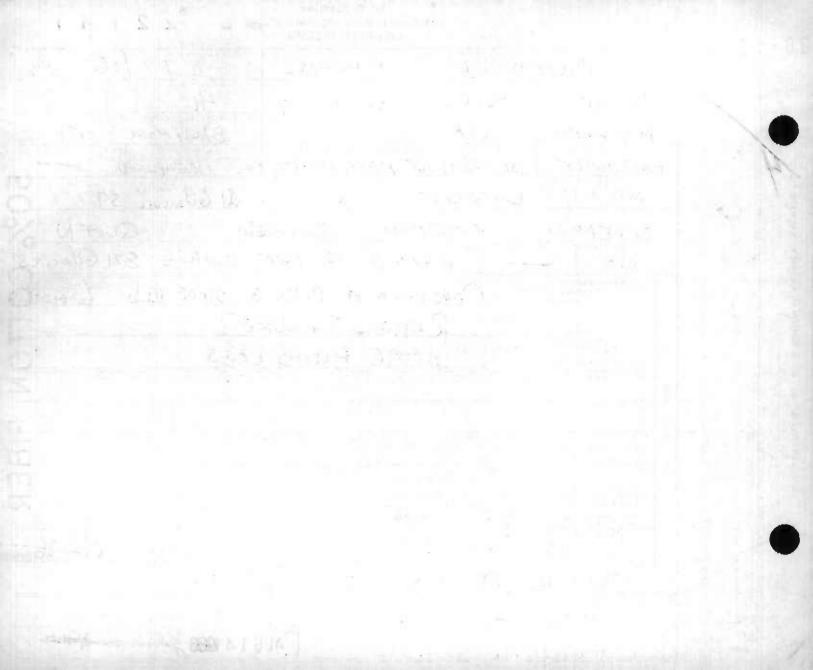
BP.

24 FUNERAL DIRECTOR Burgee-Henss Funeral Home 3631 Falls Rd 21211 (VRA 15, 4)

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE SEP 4

Felin Davidson Bandage

	1.	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 6 2 2	14
10-15264		CEASED NAME FIRST CARO	LYN B	BLANCHARD	20. DATE OF DEATH MONTH DE	186 340 pm
to of all of	3. SE		BLACK	5 DATE OF BIRTH MONTH DAY YEAR	41 YRS. M	FUNDER LYEAR FUNDER 24 HRS.
0/136		RTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND	76. CITIZEN OF WHAT COUNTRY	WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY	3-11
4	1	SALTIMORE	(IF NOT IN SUCH FACILITY GIVE STREET	= MARYLAND HOSP	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126 KIND OF BUSINESS OR LINDUSTRY
LAND 21	13a	ATHER'S NAME	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE JUNTY 31 CITY OR TO		130.STREET ADDRESS / ZIP CODE	3417
E, MARY		BENTAMIN VAS DECEASED EVER IN U.S. A	MIDDLE GOODA	(a MIDDLE	QUEEN .
BALTIMORE.			give war or dates) 2.8 4	24781 GEORGIE		321 GilmoreST
W. PRESTON ST., the deoth certifut by the ottending ph se remove corbono cremotion, or remo		18 CAUSE OF DEATH (Enter- PART I. DEATH WAS CAUS IMMEDI. Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.		MAC FAILUI	X STAGE IIILE RE LOSS	BETWEEN CONST. AND DEATH
AL RECORDS, 201 he low requires the on. Toermit Then pleo ene prior to buriol, ovs ony injury, or o	CERTIFICATION	PART 2 OTHER SIGNIFICANT		DEATH BUT NOT RELATED TO THE TERM	20e AUTOPSY? 20b. IF YES,	WERE FINDINGS USED ING CAUSES OF DEATH?
DIVISION OF VITAL NG PHYSICIAN: The offending physicion within this certificate has the buriol-transit phond Mental Hygier orked or frem 18 show or frem 18 show orked or frem	MEDICAL CER	21g, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE AT WORK AT WORK	TAIR	DAY YEAR 19 211 LOCATION	RED (ENTERNATURE OF INJURY IN ITEM 18 PA	RT I OR PART 2) COUNTY STATE
OR ATTENDIO or e hospitol or DIRECTOR. A ched for use Dept. of Heal I hem 21 is m		22a L certify that (I) (this has	pital) attended the deceased from	DEGREE ATTENDING PHYSICIAN [, to	9, that (I) (we) lost and from the causes stated
TO HOSPITAL retorined by the TO FUNERAL should be deter with the Store	200	22d. HT ICIAN'S NAME (TYPE	SIBE MI	22 S.	freene	
BP		BURIAL, CREMATION, REMOVA (SPECIFY) Burial		t. Zion Cemetery	y Baltimore, M	
DHMH - 16 60M 7/84 (VRA 15, 4)		UNERAL DIRECTOR NAME OWn/Thompsor	ADDRESS W.	A1	JG 1 4 1986 Julia Ja	AR'S SIGNATURE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 00-167 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE KNOWN DECEASED NAME Th HOUR Carless S NECESSARY, PLE-E FUNERAL DIRECTOR. E 5 FOR YOUR FILES. MITHIN 72 HOURS [TYPE OR PRINT] ESTI-Carlos= DEATH MATED Bland 6:02 a 3 SEX 4. RACE 5. DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE YEAR LAST BIRTHDAY) PRONOUNCED 186 45 DEAD July 28 41 Male White 75. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE O 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Baltimore City W. Va. USA WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) OR INDUSTRY Baltimore Francis Scott Key Medical Center General Motors USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 1131 COUNTY 13c CITY OR TOWN AND 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 917 Martin Road 21221 Balto. Essex Md 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Hoffman Ruby Bland Omer 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS 160, WAS DECEASED EVER IN U.S. ARMED FORCES? YES, NO. OR UNKNOWN 220-36-1100 Patricia Bland 917 Martin Road no NO 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Blunt trauma to head and chest OR REMOVAL IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF TRANSIT Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF BURIALlying cause last. CHIEF MEDICAL E USED AS A BURI OF HEALTH AND PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 19g DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULE EXECUTE THE CERTIFICATE, WRITING THE WORD." PAGE 4 SHOULD BE FORWARDED TO THE CHIEF I TO FUNERAL DIRECTOR; PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MAR MAND, 21201 PRIOR TO BURIAL. 20 AUTOPSY? YES X NO [210 EXTERNAL CAUSE WAS 71b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM) B PART T OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING DOR 5:07xx 8 CONTRIBUTING CAUSE OF DEATH Driver in auto/auto impact 21e PLACE OF INJURY (AT HOME 21d. INJURY OCCURRED 21f LOCATION WHILE AT WORK AT WORK STREET, FACTORY, FARM, ETC.) CITY OR TOWN road Eastern Blvd & Rt. 695 Baltimore, MD. Autopsy X 22a I certify that I took charge of the remains described above, held an death resulted frage Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL Assistant 8/23/86 MEDICALEXAMINER SIGNATURE Charles P. Kokes, M.D. EXAMINER'S NAME 111 Penn St. Balto.MD. (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION Middle River Balto. Md. Holly Hill Cemetery 8/26/86 Burial 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25% REGISTRAR'S SIGNATURE **DHMH - 17** wardon fordetto ConnellyFuneralHome 300MaceAve. 21221 (VR A15 ME (5))



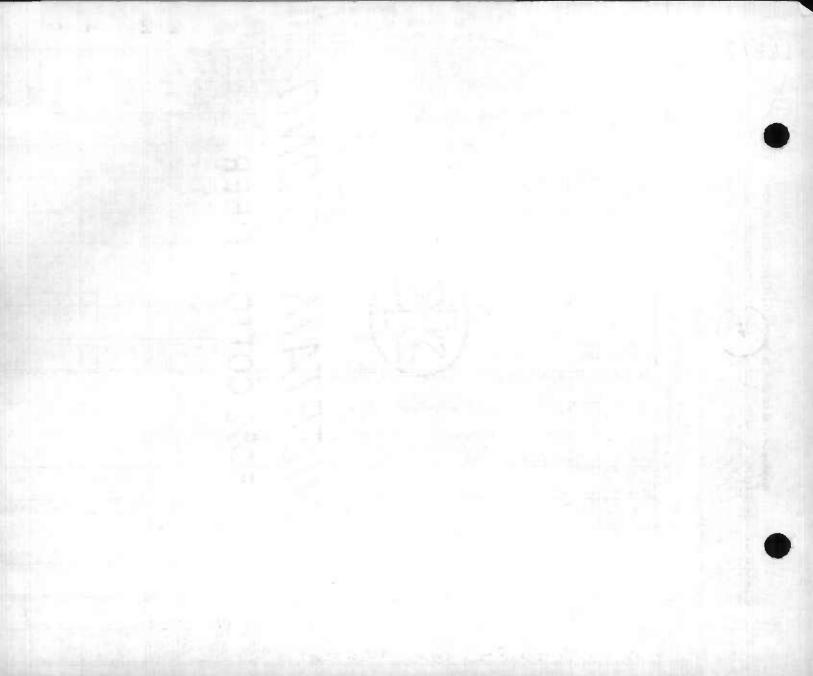
2		1							ARYLAND								
00		1-	FOR STATE				MENT OF HE			•			2	2 1	s - 4	J	
J U -	16881		REGISTRAR CEASED NAME	FIRST	ME	MODIE	EXAMINE	K.2 C	ERTIFICA	AIEO	FDEA		REG.				To
			E OR PRINT)		~ 7.1.		npson					OF	E211-	X MON		YEAR	26 HOUR
	数名の記事	1. SEX		WILL]		OTI	6 AGE LIN YEARS		LANKNE				MATED	MONT	31 H PAY	1986 YEAR	M
	STATE STATE	-			5. DATE OF BIRTH	YEAR	LAST BIRTHDAY)	MONTH		HOURS		2c. DATI PRONOU	NCED	MON	5 DAT	TEAR	2d HOUR
	AND NO	· Indian	ale	White	8 19	56	30 YRS.					DEAL		8	31	19 86	11 <u>1</u>
-	NAW HE	A 10.81	RTHPLACE (STA	ATE OR	76. CITIZEN OF W				D NEVE	RMARRI	ED XX	9 BALTIA	AORE CIT	Y OR COU	NTY OF	DEATH	
	WEST T					S.A.		VIDOWI		DIVORCI				e Cit			MD.
4	の温泉品が	7	TY OR TOWN C	DE DEATH	11. NAME OF HOS			OR OTHE	RINSTITUTIO	ON	FOR A	ost of wo	RKING LIFE)	TYPE OF WOR	K 126 KI	ND OF BU R INDUSTR CTT1	SINESS
0	ADO THE	1	Baltimo				Hospital	(ST	ru)		Fire	tric	lan		ELE	ectri	cal
3	29E398	13a S	TATE	138 COUN		13c CITY	OR TOWN Burnie		13d INSIDE CITY	LIMITS?	13e STRE	ELADOR	ESS		-	07.0	1-
	S S M S M S		ryland		A.A.	GLer	Burnie	6	YES .			107 G	reen	Acre	s Dr	. 210	51
1		195	ATHER'S NAME		MIDDLE		LAST		15. MOTHER'	7	NNAME	,	MIDDLE			LAST	
1	HART MAN	1/	Willia		Simpson		inkner S			elen			L.		Buck	nanan	
1	E 033	16a V	VAS DECEASED ES, NO, OR UNKNOV	EVER IN U.S. AR	MED FORCES? WAR OR DATES)		CIAL SECURITY N		17. INFORMA				ADDRI				
	S APTER OF GIVE ORM P PAGES IN WISSON OF	4	No			212-	-89-3956		Cathe	erine	e Bou	inds	San	ne a	s 13e	Э	
	N N N N		18 CAUSE OF	DEATH (Enter on	ly one couse per line	for (o), (b), ond (c).)					7			BET	PPROXIMATE	INTERVAL AND DEATH
1	A WANTED	17	114		TE CAUSE (o)		tiple in	juri	ies		1						
1	STAFFO	/	811		DUE TO, OR	AS A CO	NSEQUENCE OF										
1	RAMAGE			i, if ony, which	(b)	70.								4.3			
3	NAME NO		couse (o) : lying cous	toting the under-	DUE TO, OR	AS A CON	NSEQUENCE OF									1771	97.
1	ON PERSON				(c)	×			1. 1	118	- 7		-0.0			5.5	
3	EXECUTE CALE		PART 2 OTHER SIG	NIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT REL	ATEO TO THE TERMINA	LDISEASE	OR CONDITION G	GIVEN IN PAI	RT 1 (a),				10.10		
1	BASES -	CERTIFICATION				24											
	HIET WEED	/ 3	19a. DATE OF	OPERATION	19b. CONDI	19b. CONDITION FOR WHICH OPERATION WAS PERFORME				RFORMED?					20	AUTOPSY?	
	CATE SHOULD THE CHEFT THE CHEFT THE CHEFT TO BUILD THE TO BUILD THE TO BURIAL	1							1-17	5.3						YES X	NO 🗌
1	TANDER TO THE TANDER	7 8	21a EXTERNAL UNDERLYING		21b. TIME OF		DAY YEAR	21c HO	W INJURY O	CCURRE	DIENTERN	ATURE OF IN	JURY IN ITEM	A 18 PART I OR	PART 21		
1	DIVISION CONTROL OF STREET OF THE WRITING) 3	CONTRIBUTIN	G CAUSE OF E	DEATH 5:0510	8-3	1- 1986		destria	an st	truck	by	auto				
1	S CERTIFIC RITING TH RDED TO 2E 3 SHOUL E DEPART OI PRIOR	8	21d. INJURY O	CCURRED	21e PLACE (OF INJURY TORY, FARM, E		21f. LOC	ATION			CITY OR TO	WN		COUNTY		STATE
- 2	E. WRIT RWARD RWARD RWARD RWARD STATE STATE STATE STATE STATE	3 -	WHILE AT WORK	NOT WHILE AT WORK		road		Md.	Rt.17	7 & (648	CIT ON TO	,,,,,			runde	1, MD
	D ST				e of the remains des	scribed abo	ove, held on	Autopsy	XX	Inspection		Inquiry		ond in my	ODUDIOD		
	NOT GEN	1	death resulte		rol couses	Accident	-		Homicid			rmined m		7	ориноп		
100	SHOW SHOW			/		1		,	TITLE (SPE		Ondere						
-	A POST		ACTUAL SIGNATURE_	1//2		ha		AA I	Assis		L MEDI	CALEYA	MINIED	DAT	E (9-1-8	6
	2年4月次87	7	Same		//			11						310	NED		
	NOSE E	1	(TYPE OR PRIN	TAME Willi	lam M. Zar	ne, M	.D.	A	DDRESS	111 I	Penn	St.,	Balt	to.,	MD :	21201	
	TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL AFTER DEATH. BANTIMORE, M	23a.B	URIAL, CREMAT	ion, REMOVAL 2	3b DAJE /OC	23c i	NAME OF CEME	ERY OR	CREMATOR	Υ	23d. LO	CATION			CULTY		
07/8		(5	"Cremat	ion	9/2/86	We	estview	Memo	rial l	Park	Cat	onsv	ille	C	Balt	to si	Md
25M	DHMH - 17	24. FI	UNERAL DIRECT	OR	la a a consess				250	a. DATE	FDB	PEGISTR	R 256 RE	EGISTRAR'	SIGNAT	TURE	
	(VR A15 ME (5))	Ge	eorge J	Gonce	4001 ATT	tchie	Hgwy B	alto	o Md	U		, ,	00	June di	eur don	V-Shot	

AND A MARK HAZD STORES - TO SEE AND ASSESSMENT OF THE SECOND STORES

and the second of the second o

The state of the s

		#1	8 21 abcdef, 22 For 9/20/86	a, FilmG	STATE OF MEAN	FMARYLAND	UVCIENTE O O	
		1-	STATE 9/20/86 REGISTRAR	kam ME	DICAL EXAMINER		TEDEXTU SON SON	4 4
- 14!	975		CEASED NAME FIRST	0 V 6 866	MIDDLE .	LAST	20. DATE KNOWN X MONTH	DAY YEAR 25 HOUR
1	38 % S E +	(17	PE OR PRINT) Barba	ara	J.	Blount	OF ESTI- DEATH MATED 8/	1 11 00
-	TREE TREE	3 SE		S DATE OF BIRTH	6 AGE (IN YEARS IF	UNDER 1 YR. IF UNDER	- 0/	
E	NECESSARY, PLEASE UNERAL DIRECTOR. 5 FOR YOUR FILES. WITHIN 72 HOURS W PRESTON STREET,		female black	6 7	1955 31 YRS.	ONTHS DAYS HOURS	MIN PRONOUNCED DEAD R	7 4/ 1986 P M
	SSAL SAL HIN HIN EST	70 B	IRTHPLACE (STATE OR DREIGN COUNTRY)	76 CITIZEN OF WE	HAT COUNTRYS To	RRIED NEVER MARR	9. BALTIMORE CITY OR COUN	
	NEGES FUNER S FOR PRE		Md	USA		OWED DIVORG		tv.
	SHR SHR	10 C	ITY OR TOWN OF DEATH	11 NAME OF HOS	SPITAL, NURSING HOME, OR C	OTHER INSTITUTION	128 USUAL OCCUPATION (TYPE OF WORK	
	F AND 3 TO THE FI AND 3 TO THE FI AND 3 TO THE FI SHOULD BE FILED RECORDS, 201 W	1_	Baltimore	2821 F	Kensey St.		Unemployed	OK INDUSTRE
21201	TAIN PEL	13a S	AL RESIDENCE (IF IN NURSING HOME O STATE 13b COUNT		13c CITY OR TOWN	13d INSIDE CITY LIMITS?	13e STREET ADDRESS	
	A A A A A A A A A A A A A A A A A A A		Md d		Baltimore	YES X NO	2523 West Boyd S	treet 21223
MD.	PAM 3.	12	ATHER'S NAME	WIDGIE	LAST	15. MOTHER'S MAID	EN NAME MIDDLE	LAST
ORE	OF WEEK		niel Was deceased ever in U.S. Ara	AED COOCECS	Blount	Artimiss	e Address	Hammond
BALTIMORE	RS AFTER DEA B. GIVE PAGES WITH FORM F T. PAGES I AN DIVISION OF	100	(IF YES, GIVE Y		220-64-0975			C1 A 1 1D
*	RS A WITH	H	NO IB CAUSE OF DEATH (Enter ani		(a) (b) (b) (c) (c)	Dairiet bit	ount 1410 Anglesea	APPROXIMATE INTERVAL
ti,	MAN AND AND AND AND AND AND AND AND AND A	13	PART I DEATH WAS CAUSED	BY: N=	arcotism	4		BETWEEN ONSET AND DEATH
0	MESE ES		IMMEDIAT	E CAUSE (a)	AS A CONSEQUENCE OF			
-	SAME S		Canditians, if any, which gave rise to immediate	(b)				
A	NA STANS		cause (a) stating the under- lying cause last.	(1.7	AS A CONSEQUENCE OF	19-22-27		
30	Pagago Pagago			(c)	T. Below		Charles and the	
SDS	EXE EXE MATAN MATAN	7	PART 2 OTHER SIGNIFICANT CONDITIONS C	CONTRIBUTING TO GEATH	BUT NOT RELATED TO THE TERMINAL DIS	EASE OR CONDITION GIVEN IN PA	IRT 1 (0)	
RECO	- SASABA	CERTIFICATION	19a DATE OF OPERATION	Time and the				
1	PASSE A	FICA	THE DATE OF OPERATION	IVB. CONDI	TION FOR WHICH OPERATION	WAS PERFORMED?		20 AUTOPSY?
1	CATE SE TO BUS R TO B	ERTI	210 EXTERNAL CAUSE WAS	21b. TIME OF	INJURY 1216	HOW IN ILIRY OCCUPRE	ED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR P	YES X NO
DIVISION OF VITAL	A PLANT OF THE PARTY OF THE PAR		UNDERLYING TOR	HOUR A.M	MONTH DAY YEAR	Subject us		ARI 2)
VISIO	ERTHR ING TO 1 SHOP FRIOR	MEDICAL	21d. INJURY OCCURRED	21e PLACE C	OF INJURY (AT HOME, 214	LOCATION	ca arags	
ä	ARED ARED ARED ARED ARED ARED ARED ARED	¥	WHILE AT WORK AT WORK	k street, Fact	ORY, FARM, ETC.)	STREET 2821 Kinse		ounty STATE
	D, 2		22a I certify that I taak charge	of the remains desi	cribed above held on Aut	apsy X, Inspectio		
	A DE MOTE			al causes .	Arcident . Suicide [Hamicide .	Undetermined manner	pinion
	X × D C × X			Post	900	TITLE (SPECIFY)		
	CAL EX THE CER SHOULD SATH, WI SATH, WI SRE, MAR		SIGNATURE HEL-	41710	1/ 2	M.D. Assistan	T MEDICAL EXAMINER SIGN	8/5/86
	WORK DE	1	EXAMINER'S NAME Char	les D /v-	alaaa M.D		222	
	TO MEDICAL EXAMENTED THE CERTIF PAGE 4 SHOULD BE TO FUNERAL DIRECT PRERIES AND THE BALTIMORE, MARKET PAGE 1	22. 0	(TYPE OR PRINT) CNAL URIAL CREMATION, REMOVAL 23		okes, M.D.	ADDRESS	111 Penn St.	
07.0	0.10	(30.8	PECIFY DILLOW, KEMOVAL 23	89.06	231. NAME OF CEMETERY	ON CREMATORY	23d LOCATION	INTY STATE
07/84 25M		24. F	UNERAL DIRECTOR	0 100	I Ceaul I	150 DATE	HE D LY REGISTRAR 256 REGISTRAR'S	SIGNATURE
	DHMH - 17 (VR A15 ME (5))	1	O'm C. Marc	h F HORESS	4200 Wah	ash Al		COT - INTERIOR -



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

5. DATE OF BIRTH

WIDOWED

CERTIFICATE OF DEATH

Blumenberg

(Residence)

17 INFORMANT

Sept. 24, 1900

REG. NO 20 DATE OF DEATH MONTH 2b. HOUR August 17, 1986 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 85 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore City DIVORCED 20 USUAL OCCUPATION 126 KIND OF BUSINESS OR Clerk U.S. Post Office

10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Baltimore 3816 Southern Ave. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 13b COUNTY

4. RACE

P.

White

Th CITIZEN OF WHAT COUNTRY

U.S.A.

Blumenberg

FIRST

Albert

Baltimore 13d INSIDE CITY LIMITS?

13e.STREET ADDRESS / ZIP CODE 3816 Southern Ave. 21206 15 MOTHER'S MAIDEN NAME Alma

MIDDLE Gabriel LAST

160 WAS DECEASED EVER IN U.S. ARMED FORCES? IVES, NO OR WHEN WHI

Maryland 14 FATHER'S NAME

Arthur

FOR - STATE

3 SEX

REGISTRAR

Male

TO BIRTHPLACE (STATE OR FOREIGN

DECEASED NAME

Md.

166 SOCIAL SECURITY NO 218-22-3173

Harold A. Kemp 5411 Biddison Ave. 21206

ADDRESS

WW 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY ventricolar my IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF ASCUD Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse lost per terrian PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION

19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	N WAS PERFORMED	20a AUTOPSY?	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH		
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		YES NO	YES [NO 🗌	
? To ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURRE				
21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.)	21f LOCATION STREET	CITY OR TO	wn COUNTY	STATE	
22a. certify the (1) this hospital) sow the deceased along an	1 2 4 60/	d that in (ny) (our) opinion de	. to T/17		, that (we) lost	

231 NAME OF CEMETERY OR CREMATORY

sow the deceased alive on above 17 (we) (did) (did no) view the bady after death 27h SIGNATURE

DEGREE ATTENDING MEDICAL DIRECTOR PHYSICIAN PHYSICIAN | 22e ADDRESS

Dr. George E. Lowe M.D.

230 BURIAL, CREMATION, REMOVAL

(SPECIFY)

3703 Belair Rd. Baltimore, Maryland 23d LOCATION

ı	Burial	Aug. 2	0,1986	Par	rkwood	Cemet	ery
١	24 FUNERAL DIRECTOR		1-11-2	714			25a. D
١	Leonard J. Ruck,	Inc.	Baltimo	re,	Maryla	and	1

Baltimore Maryland 250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

Hem-18

redor

MPORTANT

MEDICAL

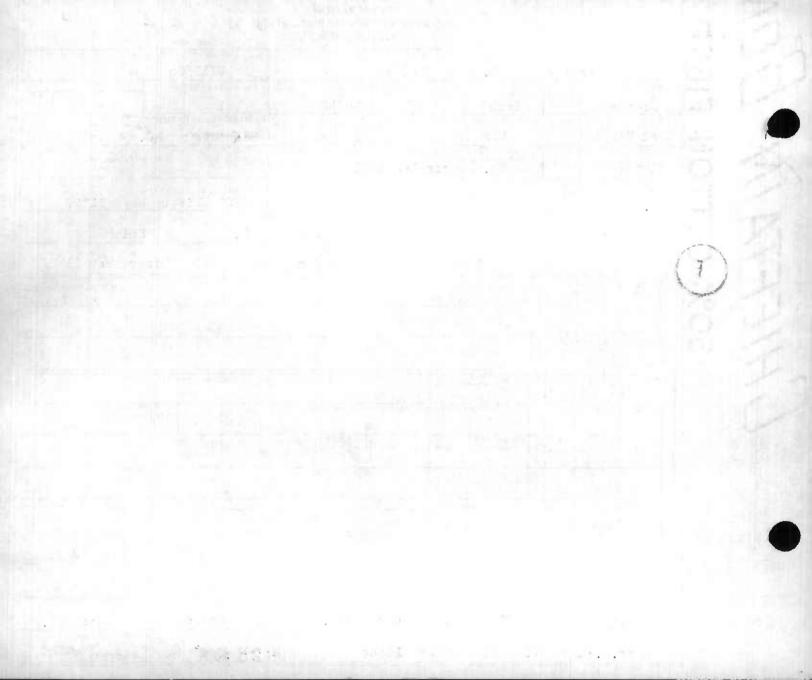
i. clumenter; so dat il, teco molt, E. Jane 27131 erlo eromities Cluid dwell .E.U Minto Laltmore fele squarem ave. (_ que ance _ Sale Sanghorn Ave. 21 Cl A CONTRACTOR offs . ava modifical that many A. Fames Sart allers Ave. also in deorgan is all your calair of rainteres, larguage

Builds attached decrease the contract of the c

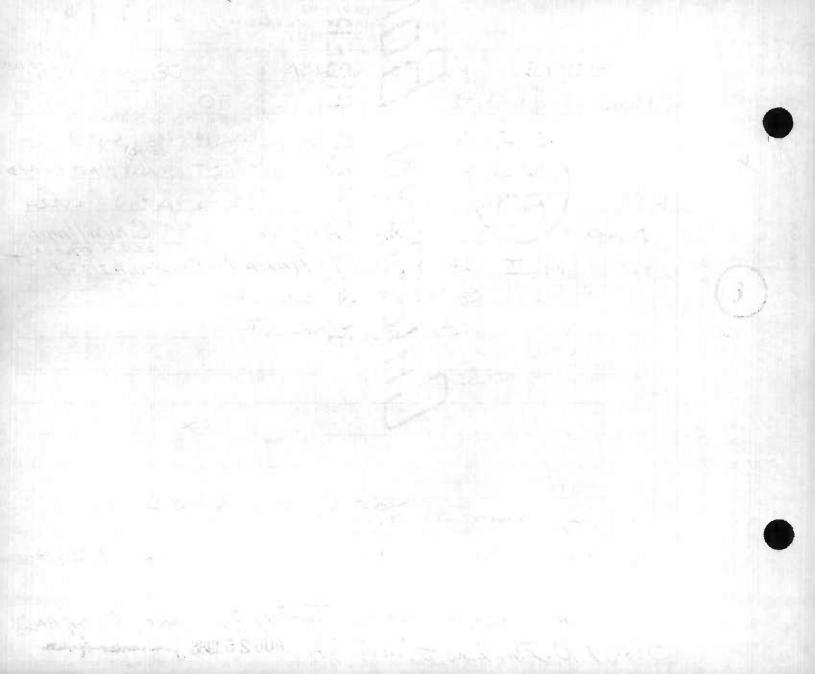
AND THE PARTY OF T

(VRA 15, 4)

STATE OF MARYLAND



STATE TO THE RESERVE OF THE PARTY OF THE PAR La Significación de la serial d CONTROL DESCRIPTION OF STREET ASSESSMENT OF STREET TISSET BY SHE WILLIAM I'M SHE THE SHEET SHEET SHEET AND THE SHEET Section of the sectio 3 - 3 - 4 AN exemple polyment property the real field and it Les, a Market the many of its many and the second of the second sections.



requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

attending physician

may be

STATE OF MARYLAND

MENT OF HEALTH AND MENTAL HYGISM CERTIFICATE OF DEATH	IE ()	REG. N	23	T.
LAST 2	DATE OF			

LEMUEL O BOONE JR AUGUST 23, 1986 3. SEX Male Dlack 9-10-1930 76. BIRTHPLACE: ISTATE ORFORCEON WIDOMET WIDOMET WIDOMET WIDOMED JN BALTIMORE HILL TO HINS HOPKINS HOSPITAL WISSING FROM AMMISSING HIS STATE STORE IN WISSING FOM AS A STORE OF BIRTH WISSING FROM AMMISSING HIS STATE STORE IN WISSING FOM AS A STORE OF BROTH AMMISSING HIS STATE HIS STATE IN WISSING FOM AS A STORE OF BROTH AMMISSING HIS STATE HIS STATE ADDRESS / ZIP CODE AND BALTIMORE HIS MODEL HIS STATE ADDRESS / ZIP CODE AND BALTIMORE HIS MODEL AS IT STATE ADDRESS / ZIP CODE AND BALTIMORE HIS MODEL AS IT STATE ADDRESS / ZIP CODE AND BALTIMORE HIS MODEL AS IT STATE ADDRESS / ZIP CODE AND BALTIMORE HIS MODEL AS IT STATE ADDRESS / ZIP CODE ADDRESS 3708 Croydon Re HIS MODEL AS IT STATE ADDRESS / ZIP CODE ADDRESS 3708 Croydon Re HIS MODEL AS IT STATE ADDRESS / ZIP CODE ADDRESS 3708 Croydon Re HIS MODEL AS IT STATE ADDRESS / ZIP CODE ADDRESS 3708 Croydon Re HIS MODEL AS IT STATE ADDRESS / ZIP CODE ADDRESS 3708 Croydon Re BALTIMORE HIS MODEL AS IT STATE ADDRESS / ZIP CODE ADDRESS 3708 Croydon Re HIS MODEL AS IT STATE ADDRESS / ZIP CODE ADDRESS 3708 Croydon Re BALTIMORE HIS MODEL AS IT STATE ADDRESS / ZIP CODE ADDRESS 3708 Croydon Re BALTIMORE HIS MODEL AS IT STATE ADDRESS / ZIP CODE ADDRESS 3708 Croydon Re BALTIMORE HIS MODEL AS IT STATE ADDRESS / ZIP CODE ADDRESS 3708 Croydon RE BALTIMORE HIS MODEL AS IT STATE ADDRESS / ZIP CODE ADDRESS 3708 Croydon Re BALTIMORE HIS MODEL AS IT STATE ADDRESS / ZIP CODE ADDRESS 3708 Croydon Re BALTIMORE HIS MODEL AS IT STATE ADDRESS / ZIP CODE ADDRESS 3708 Croydon Re BALTIMORE HIS MODEL AS IT STATE ADDRESS / ZIP CODE ADDRESS 3708 Croydon Re BALTIMORE HIS MODEL AS IT STATE ADDRESS / ZIP CODE ADDRESS 3708 Croydon RE BALTIMORE HIS MODEL AS IT STATE ADDRESS / ZIP CODE ADDRESS 3708 Croydon RE BALTIMORE HIS MODEL AS IT STATE ADDRESS / ZIP CODE ADDRESS 3708 Croydon RE BALTIMORE HIS MODEL AS IT STATE ADDRESS / ZIP CODE ADDRESS 3708 CROYDON RE BALTIMORE HIS	
1 SEX	HOUR
THE TOHNS HOPKINS SALTIMORE 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 176 LIST COUNTY OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 176 LIST COUNTY OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 176 LIST COUNTY OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 176 LIST COUNTY OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 176 LIST COUNTY OF DEATH 178 KIND OF B 178 LIST OF WORK FOR WAS FOR	0113рм
THE TOHNS HOPE BY BALTIMORE STATE OR FOREIGN 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17. EXTRET ADDRESS / 21P CODE 18. NOTHER SMADEN NAME 18. STREET ADDRESS / 21P CODE 3708 Crowdown of the street Address of the str	UNDER 24 HRS
WINDING NEVER MARRIED NEVER MARRIED DEVOCED (TO DESCRIPTION 1/26 USDAT OCCUPATION 1/26 US	
Virginia U.S.A. WIDOWED DNORCED MIDONIC PROPERTY 178. KIND OF B 111. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 1/2 USUAL OCCUPATION 1/2 KIND OF B 1/2 USUAL OCCUPATION 1/2 KIND OF B 1/2 USUAL OCCUPATION 1/2 KIND OF B 1/2 KIND OF B 1/2 USUAL OCCUPATION 1/2 KIND OF B 1/2 KIND	
The continue contin	MD.
13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS / ZIP CODE 37/08 UTC 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS / ZIP CODE 37/08 UTC 21207 15. MOTHER'S MAIDEN NAME 15. MOTHER'S NAME 15. MOTHE	Schools
Boone Sr. Cora Gilliam 166 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 3708 Croydon RESTRICT OF A STATE OF A STA	bydon Rd
180 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 3708 Croydon Room 180 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 3708 Croydon Room 180 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 3708 Croydon Room 180 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 3708 Croydon Room 180 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT WAS DEAD FOR WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT WAS DEAD FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT WAS DEAD FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT WAS DEAD FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT	
18. CAUSE OF DEATH lEnter only one cause per ling for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	4.
Return Part Death Enter only one couse per ling for (a), (b), and (c) Part Death was caused by: Immediate cause (a) Cardiopulmonary Arrest Part Death was caused by: Immediate cause (a) Cardiopulmonary Arrest Part Death was caused by: Immediate cause (a) Cardiopulmonary Arrest Part Death was caused by: Immediate cause (a) Carding the underlying cause lost Due to, or as a consequence of immediate cause (a), stating the underlying cause lost Due to, or as a consequence of immune Due to, or as an aconsequence of immu	1.
18 CAUSE OF DEATH LETTER analy one cause per line for 101, (b), and ic PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Caydiopulmonary Arrest 5 m DUE TO, OR AS A GONSEQUENCE OF cause 101, stating the underlying cause 105; DUE TO, OR AS A CONSEQUENCE OF underlying cause 105; Color of the terminal disease or condition given in Part 110 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 Part 2 OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED 200, AUTOPSY? 200, IF YES, WERE FINDING IN CERTIFYING CAUSES OF YES NO YES NO YES NO YES NO YES NO YES NO YES YES YES YES NO YES Y	21207
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MOINTH DAT TEAK IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION	r
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MOINTH DAT TEAK IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION	
TO THE EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21d INJURY 21d INJURY OCCURRED 21d HOME STREET, FACTORY OFFICE, FARM, ETC.) 21l LOCATION STREET CITY OR TOWN COUNTY	
AL WORK	STATE
270. I certify that (I) (this hospital) attended the deceased from Signature of the deceased	3/86
[1. C. GAETE 1600 11. WOLTE SI. Dall. 21,	(05
236 BURIAL CREMATION, REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN COUNTY COUNTY COUNTY SUFFOILS. Virginia	STATE

DHMH - 16 60M 7/B4 (VRA 15, 4)

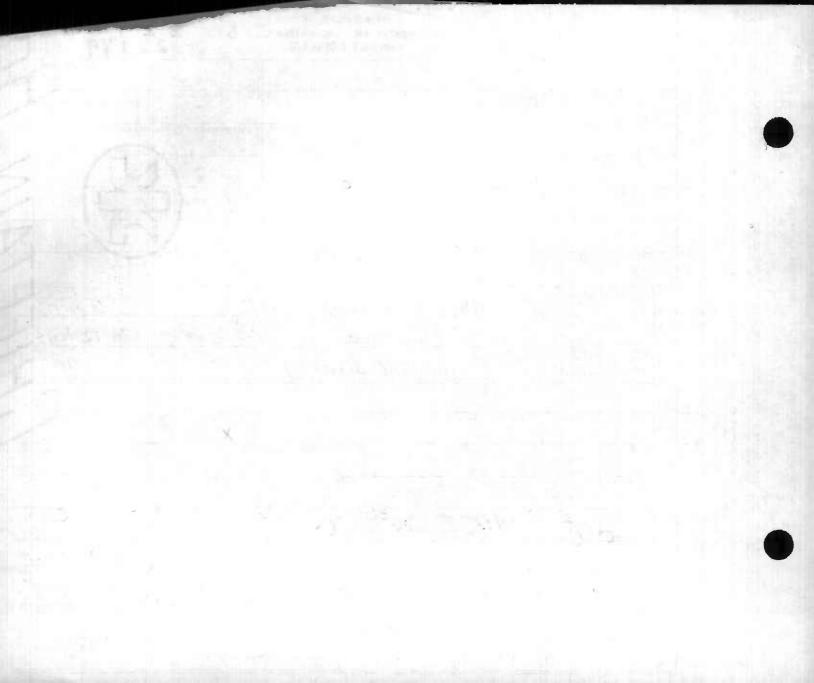
BP

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial should be detached for use as the burial-train for min. Then please remove carbon populational the State Dept. of Health and Mental Hyperical or to burial, cremation, or removal.

Nutter of Sons Funeral Home Inc. ACCRESS 2501 Gwynns Falls Pkwy. Baltimore, Md.

21216

AUG 2 8 1986



0.0	0 - 0 -	1-	FOR STATE REGISTRAR		ME		MENT OF H	EALTH.		ENTAL	HYGIEN OF DE	ATLI	2 1 REG. NO.	3	J	
00-1	6595		CEASED NAME	FIRST		WIDDIE		Ł	AST			20. DATE KNO		ONIH D	AY YEAR	2b. HOUR
	公主的表 [1]			Lamo	ont	Δ.		F	Booth			DEATH MA	ATED	8 2	23 19 86	
	PLEASE CTOR. THESS TREET	3 SE	X	4. RACE	5. DATE OF BIRTH	WF . B	6. AGE (IN YEAR	S IF UND	ER 1 YR.	IF UNDER	R 24 HRS.	2c. DATE	MŌI		DAY YEAR	2d HOUR
	SSARY, PLEASE RAL DIRECTOR R YOU'R HIES HIN 72 HOURS ESTON STREET.	1	14	B	MONTH DAY	67	LAST BIRTHDAY		DAYS	HOURS	MIN	PRONOUNCE! DEAD	D	9 2	23 1986	3:58A
-	SAY SEM		IRTHPLACE (ST		76. CITIZEN OF W						-57	9. BALTIMORI	E CITY OR CO			M
	の語の音をつう		aryland		U.s.				D NEV		-	_	_		, pentit	
	OF STATE		ITY OR TOWN	OF DEATH	11. NAME OF HOS		PSING HOME	WIDOWE		DIVOR		UAL OCCUPATI	imore (City	KIND OF BU	MD.
7		V			(IF NOT IN SUCH FA	CILITY, GIVE S	TREET ADDRESS)		K 114311101	ION	FOR	MOST OF WORKING	LIFE)	ORK 120.	OR INDUST	
5	ADC MA	MSII	Baltimo:	CE	DR OTHER INSTITUTION, GI	Showe	11 Cour	t				N/A				
2 2	Z9E39	13a. S	TATE	13b. COUN			OR TOWN		3d. INSIDE CIT	TY LIMITS?	13e STR	REET ADDRESS				
MD. 21201	A A B S B		cyland			Ba	ltimore	2	YES T	NO [80	1 Showe	11 Ct.	212	02	
W Q	A 2332	14. F.	ATHER'S NAME		MIDDLE		LAST	1	5. MOTHE	R'S MAID	EN NAME	MIDDLE			ŁAST	-
E.	A SES A	1	regory	(A		Flee			Fre	eda					Booth	
IMO	N S OR	160	WAS DECEASED	EVER IN U.S. AR/	MED FORCES?	11 20 31 11	IAL SECURITY		7 INFORM	ANT			DDRESS			
BALTIMORE	A A A A A A A A A A A A A A A A A A A		10		,	213	3969716	0.00	Freda	a Boo	th 8	01 Show	ell Ct	. 21	202	
	N 24 HOURS AFTER DEATH. IF ANY DE NITEM 18. GIVE PAGES 1, 2, AND THE ALONG WITH FORM PM 3. RETAINING WITH FORM PM 3. RETAINING WITH FORM PM 3. RECOUD STRUCK. DIVISION OF WALL RECORD AND ALONG THE PROOF OF THE PROOF OF T		18 CAUSEO	F DEATH (Enter an	ly ane cause per line	for (a), (b)), and (c).)								APPROXIMATE	EINTERVAL
N S	L S S S S S S S S S S S S S S S S S S S		PARTIDE	ATH WAS CAUSED	D BY: TE CAUSE (a) GU	nshot	wound	to un	oper (chest	t			-	BETWEEN ONSE	AND DEATH
073	AZ Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z		100 L	in the second			ISEQUENCE O					300				
82	INS SEA	13		s, if any, which												
×.	OR TREE		cause (a)	e to immediate stating the under-	DUE TO, OR	AS A CON	ISEQUENCE OF							-		
201	N. WALL	100	lying cau	se last.												
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. AFTER DATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, D BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	13	PART 2 OTHER SIG	SNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELA	TED TO THE TERMIN	AL DISEASE O	P CONDITION	CIVEN IN DA	APT 1 (m)					
Ö	SA	Z	15 m				The first seasons	AL DISCUSE O	, condition	OITEN IN 17	NKI I (M).					
RE	DANA A POT	CERTIFICATION	19a DATE OF	OPERATION	19b. CONDI	TION FOR	WHICH OPERA	TION WA	S PERFORA	MED?				12	0 AUTOPSY?	2
T¥.	PA NEE NEE	FIC												1		
<u> </u>	N N N N N N N N N N N N N N N N N N N	E E	21g. EXTERNA	L CAUSE WAS	21b. TIME OF	INTURY		Tale HOV	W INTILIPY	OCCUPPI	ED LENTER	NATURE OF INJURY I	IN ITEM TO DARY 1	00.0407.0	YES X	NO []
0	SHEDES.			OR G CAUSE OF E		MONTH.	DAY YEAR					NATURE OF INJURY	IN HEM 18 PART I	ORPARI 2)		
S O	PAS SECTION AND A SECTION AND	MEDICAL	21d INJURY O		21e PLACE (23 19 86	21f. LOCA	oject.	sno	t:					
1	S S S S S S S S S S S S S S S S S S S	ME		NOT WHILE X	STREET, FACT	TORY, FARM, ET		STR	EET			CITY OR TOWN		COUNTY		STATE
	WAR WAR		AT WORK	AT WORK	ho	me		80.	I Show	well	Ct,	Baltimo	ore			MD.
	A TE S	-	22a. I certif	y that I took days	e of the remains des	cribed aba	vi, held an	Autopsy	X.	Inspectio	on .	Inquiry], and in n	ny apinia	ın	
	NE HOLE		death resulte	d from: Matur	olygines []	Acyldepl	, Suic	ide .	Hamici	deXX.	Undet	ermined manne	r .			
	AR WITH	1	change .	1/1/	11/	MA	-		TITLE (SP	PECIFY)						
	A HOTEL		ACTUAL SIGNATURE_	(an	114	SUP		M.D	Assi	stan	t MED	ICAL EXAMINE	R D	ATE IGNED	8/23/	86
	NER SET	1	EXAMINER'S	JAME Ch	and an D	V-1	34 7									
	A SHEET O		(TYPE OR PRIN	IT)	arles P.	nokes	, IVI.D.	A[DDRESS	II P	enn S	ot.	Balt	to,MI).	1000
	574548 _	1 1	SPECIEY)	ION, REMOVAL 2		23c. N	NAME OF CEMI	TERY OR	CREMATO	RY	CITY	CATION		COULTY		
07/84	BP	Bı	urial		8/29/86	I	Baltimo:	re			B	altimor	е	M	arylan	îd
25M	DHMH - 17		UNERAL DIREC		_ 10arss	Dilli			12	So. DATE	REC'D. BY	REGISTRAR 2	56. REGISTRAL	R'S SIGN	ATURE	
	(VR A15 ME (5))	Wi	n.C. Ma:	rch F/H]	Inc. 1101ss	East	North .	Avenu	le	AU	828	1	Julia Day	iden	Mandall	6
										- 1,5/1		1				==

STATE OF MARYLAND

131 55 Destroy of the second court for a security Passant and the second of the Mary manufacture of the state o

STATES OF THE PROPERTY OF THE	
0	
TO HOSPITAL OK ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after death. Page 4 may be	
retained by the hospital or offending physician.	
TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director page 3 cashould be estached for use as the businel-transit permit. Then please remove corbanapers. Pages I and 2 should be filled within 72 hours after death	
with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.	
injury, or other troumotic event, the	

D

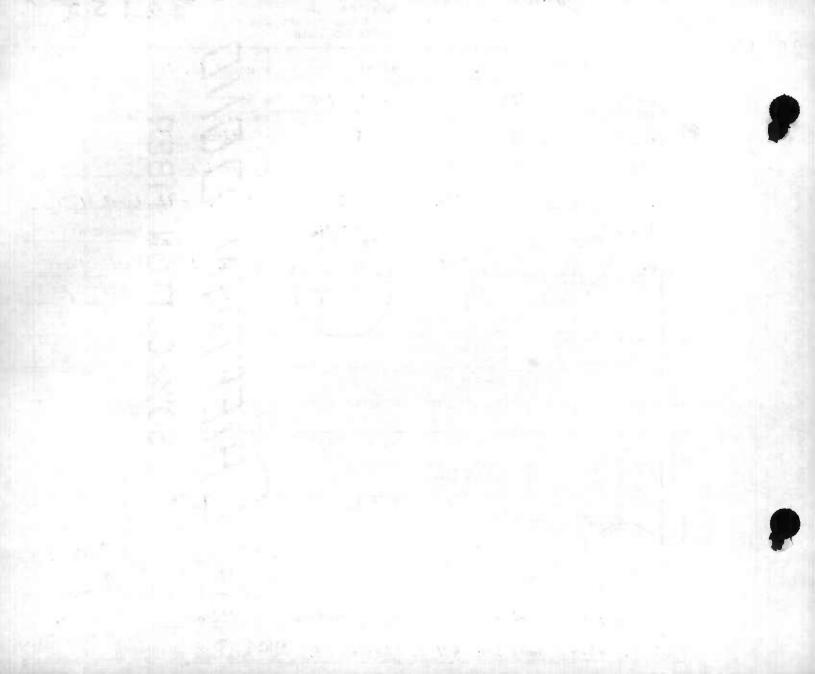
STATE OF MARTLAND	36	
EPARTMENT OF HEALTH AND MENTAL HYGIENE	0	
CERTIFIC ATE OF DEATH		

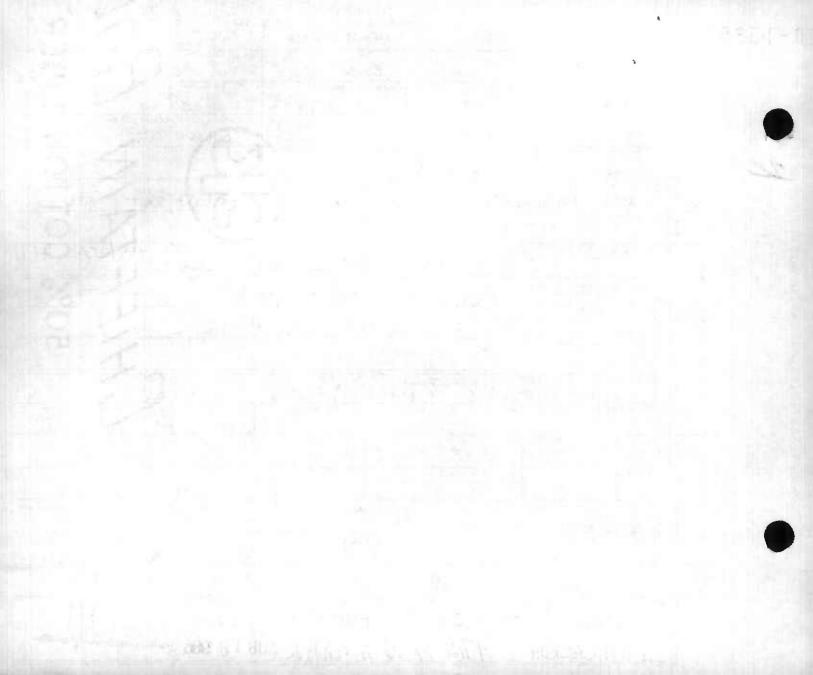
2	2	-	5	2

0	1 -	FOR STATE REGISTRAR		DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
Ö		DECEASED NAME FIRST		MIDDIE		LAST		20 DATE OF DEATH	MONTH DAY	DAY YEAR 76 HOUR			
	(1176	V.	irdie		1.	Bowe.	rs	August 12,	1986		M		
	3. SE)	X		4 RACE		S. DATE C		6 AGE (IN YEARS LAST BIR		UNDER 1 YEAR	IF UNDER 24 HRS		
	1	Female		White		Dec.	10, DAY 1919 EAR	66	YRS	WINS DAYS	HOURS MIN.		
		RTHPLACE (STATE O	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.		9 BALTIMORE CITY		F DEATH			
	Pe	COUNTRY)	100	1151		MARRIED NEVER MARRIED WIDOWED DIVORCED		Baltimore	MD.				
40		TY OR TOWN OF DI	EATH	11. NAME OF HOSPITAL, NURSING HO				120 USUAL OCCUPATION 126. KIND OF BUSINESS OR					
5		altimore		Johns Hopkins Hospite			r.L	Housewile	OF WORKING LIFE)	INDUSTRY			
6	USUA 130. S	AL RESIDENCE (IF NO	IRSING HOME OR		GIVE RESIDENCE BEFORE		134 INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP CODE				
and a	Me	d.			Balto.		YES NO		att St	reet 2	1231		
	14. FA	THER'S NAME		MIDDLE	IAST		15 MOTHER'S MAIDEN NA			1.451			
)	U	nknown			dams		Virdee		(Unknown			
9		VAS DECEASED EVE					17 INFORMANT	ESS					
	1	No.	1# 120,010	e wan on pares,	213-14-9	966	James H. Bow	nes H. Bowers gr. 2127 E. Prutt Street					
8		18 CAUSE OF DEA	ATH (Enter on	ly one couse pe	r line for too, the one	lichia	11	1		APPROXI	MATE INTERVAL		
		PART I. DEATH		E CAUSE (o)	Upper)	25 K	3/11/cs/11/	hem/ha	r	Hou	1		
		Manual Control		DUE TO, C	R AS A CONSECUE	NCE OF)				
	Conditions, if any, which ((b)												
	gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF												
		underlying couse lost (ic)											
1	2	PART 2 OTHER SIC	GNIFICANT	ONDITIONS C	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 110			
7	CERTIFICATION	190 DATE OF OPERATION		196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20e AUTOPSY?	20b. IF YES, V	YES, WERE FINDINGS USED			
71	IFIC							YES NOT	NG CAUSES OF DEATH?				
7	CER	21a. ACCIDENT WAS U	INDERLYING				216 HOW INJURY OCCUR	RRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)					
1		OR CONTRIBUTING	al .	177	.M. MONTH DA	Y YEAR							
	MEDICAL	21d INJURY OCCU	CCURRED 21e PLACE OF INJURY 21f				211 LOCATION						
	W	WHILE NOT WHILE AT WORK AT WORK			REET, FACTORY, OFFICE FA	IRM, ETC }	STREET	CITY OR TO	WN	COUNTY	STATE		
				tol) ottended 1/	deceased from_	51	18 19 14	10 8/	12 19	14	that (I) (we) last		
	- 1	saw the deceased alive on 19 44 and that in (my) (our) agains a death accurred on the date and hour and from the causes stated											
		DEGREE 226. DATE JIGNED											
	1	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 8/15/84											
	7	PHYSICIAN DIRECTOR PHYSICIAN 0 / 5 / 9											
		DV	60	Jon	ly		9 5	. Mikl	and	Arc			
		BURIAL CHEMATION	REMOVAL				EMETERY OR CREMATORY	23d LOCATION		OUNTY	. STATE		
	1	Burio D-10-00 Var Lawn (emetery Baltimore Md.											
	24 FL	JNERAL DIRECTOR			ADDRESS		25a DAT	E REC'D. BY REGISTRAR	25 REGISTRA	R'S SIGNATI	JRE		
	20	John M. Weber & Sons Inc. 401 S. (hester St. AUG 18 1986 Julia Savidor-Binder											

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.





Olin L. Molesworth, P.A., Damascus, Md.

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND

CLANUTE CONTRACTOR

Aurial Aur.14,1786 Foplar Springs Poolar Springs, Sward, Md.

		1	500				STATE	OF MA	RYLAND	0		00		5 3		
0.0	10000	11-	FOR STATE		ME		MENT OF H		DTIELC		DEATH	tion the	•	1		
00-	15535	_	REGISTRAR CEASED NAME	FIRST	ME	MIDDLE	EXAMINE	K 5 CE	ST IFICA	ATE OF		REG. I		DAY YEAR	Izb. HOUR	
	ш ю		E OR PRINT)			0		5			0	TE KNOWN F ESTI-			ZB. HOOK	
	FILES. FILES. FOURS TREET,	3. SE>	(T	Char]	Les 5. DATE OF BIRTH	C.	6. AGE (IN YEARS	BO'		F UNDER 2			MONTH	1986 DAY YEAR	2d, HOUR	
K	E STE		Male	White	7 14	59 YEAR	LAST BIRTHDAY)	MONTHS			MIN PRON	OUNCED	0 1	14 00	8:32	
13	SAN	-	RTHPLACE (ST		76 CITIZEN OF W	-					9 BAI	TIMORE CITY	8-]		р. м	
-	おおは年間のく	FO	REIGN COUNTRY)			0001			NEVE		D X .		_			
			est Va.	OF DEATH	USA 11 NAME OF HO	SPITAL NU		OR OTHER		DIVORCE		altimor		12b. KIND OF BL	MD	
	海里第25	P .	Baltimor	0	(IF NOT IN SUCH F	ACILITY, GIVE S					FOR MOST OF	WORKING LIFE)		OR INDUST	RY	
	Separate Sep				E OR OTHER INSTITUTION, G				10		Insta	ller		Car	pet_	
120	395782		TATE Caryland	Nab COU	ard		ridge		d. INSIDE CITY	LIMITS?	13e. STREET AD			1007		
MD. 21201	F S S S S		ATHER'S NAME	HOW	ea. a.	ALA.	rrage			'S MAIDEN		oudon A	ve. Z	1221		
, X	E SEST	D	FATHER'S NAME MIDDLE LAST IS MOTHER'S MAIDEN NAME FIRST NANCY F. Fedele										LAST			
MORE,	STORY OF		WAS DECEASED	EVER IN U.S. A	RMED FORCES?	166 SO	CIAL SECURITY I	10. 17	INFORMA			ADDRE:	SS			
LTIA	THE SECTION AND AND AND AND AND AND AND AND AND AN	No	ES, NO, OR UNKNOV	VN) {IF YES, GR	213-76-7027				Nano	y F.				ngton Blvd.		
2	S W G	-		DEATH (Enter of	anly one couse per line				El lere	rage,	Mary	and 212	21	APPROXIMAT		
1ST	N S S S S S S S S S S S S S S S S S S S	-	PARTIDE	ATH WAS CAUS	ED DV		Trauma t	o Abo	domen					BETWEEN ONSE	T AND DEATH	
101	NA STANDAR	/	016	IMMEDI	ALE CHOSE (0)		NSEQUENCE OF									
PRESTON	AL H			s, if any, whice to immedio												
3.	OR TREAM	- 9	cause (o)	stoting the unde		AS A CON	SEQUENCE OF									
201	ON, ON,	1	lying caus	e lost.	(c)											
DS,	JUD BE EXECUTED F. MEDICAL EXA F. MEDICAL EXA ED AS A BURIAL HEALTH AND M LL, CREMATION,		PART 2 OTHER SIG	NIFICANT CONDITION	NS CONTRIBUTING TO DEATH	BUT NOT REL	ATEO TO THE TERMINA	L OISEASE OR	R CONDITION G	GIVEN IN PART	1 (a),			11 11 11 11		
0	AS A ALTH	NO.	13.00													
DIVISION OF VITAL RECORDS,	L FEB	CERTIFICATION	190. DATE OF	OPERATION	196 CONDI	TION FOR	WHICH OPERAT	ION WAS	PERFORM	ED?			4 9	20 AUTOPSY	?	
N S	WORD "PE E CHIEF A BE USED A BURIAL, C		4					81						YESXX	NO 🗆	
OF	ANEN MEN MEN MEN MEN MEN MEN MEN MEN MEN		210 EXTERNAL UNDERLYING		2 lb. TIME O HOUR XIO		DAY YEAR	21c HOW	V INJURY O	CCURRED	LENTER NATURE	OF INJURY IN ITEM	18 PART 1 OR PAR	17 2)	4 - 3 -	
ON	SE COLES	S	CONTRIBUTION	IG CAUSE O	FDEATH 6:00P.A					auto	eject	ed afte	r hitt	ting emb	bank-	
N N	RITING THE WORRDED TO THE CHEST SHOULD BE LESS SHOU	MEDICAL	WHILE		21e PLACE STREET, FAC	OF INJURY TORY, FARM, E		21f. LOCA STREE			CITY C	R TOWN	cou		ent	
۵	E. THIS G RWARDE RWARDE :: PAGE 3 STATE D		AT WORK	AT WORK	x ro	ad		Rive	r. Rd.	nort	h of E	lkridge	, Howai	rd Co.,	Md.	
	FORE THE STATE		22a. I certify	that I took cho	rge of the remoins de	scribed obe	ove, held an	Autopsy	XX.	Inspection	, Inq	uiry .	ond in my ap	inion		
-	WIN HELD		death resulte	d from: Not	tural causes	Acuident	X, Suje	de .	Hamicid	le .	Undetermine	d monner	,			
	EXAMII CERTIFICULD BE DIRECT WARRYLL		ACTUAL	11000	1005	1	4/1	4	TITLE (SPE	ECIFY)						
	SHOW SHOW		SIGNATURE_	YELL	WAX	idly	1 9 MG	Men.D.	Assi	stant	MEDICAL E.	XAMINER	DATE SIGNEI	8-15-	-86	
	マニュラスラー		EXAMINER'S N	NAME DON	mia E Com	who !	M D			111 1	lown Ct	Dol+	o Me	3 2120	17	
	TO MEE EXECUT PAGE 4 TO FUN AFTER D BAUTIM	22 5	(TYPE OR PRIN		nnis F. Sm		M.D.					., Balt	.O., MC	1. 2120	1	
		(5	URIAL, CREMAT	ION, KEMOVAL			NAME OF CEME				23d LOCATIC		COUN	ITY S1	TATE	
07/84 25M	BP	-	urial UNERAL DIRECT	OR	8-18-86	T.f.	Linco	in Cer	meter	A DATE RE	Brent		GISTRAR'S SI	ounty Mo	l	
	DHMH - 17 (VR A15 ME (5))			aufman	Funeral					AUG .	1 8 198	Julia	Dunder	n. Pandage		
	(AU VID WE (D))	156	95 Main	St. El	kridge, Me	rylar	d 21227					9			4	

10 1 to 10 t

Series V. Series

E 6357 10401 VG. 21227

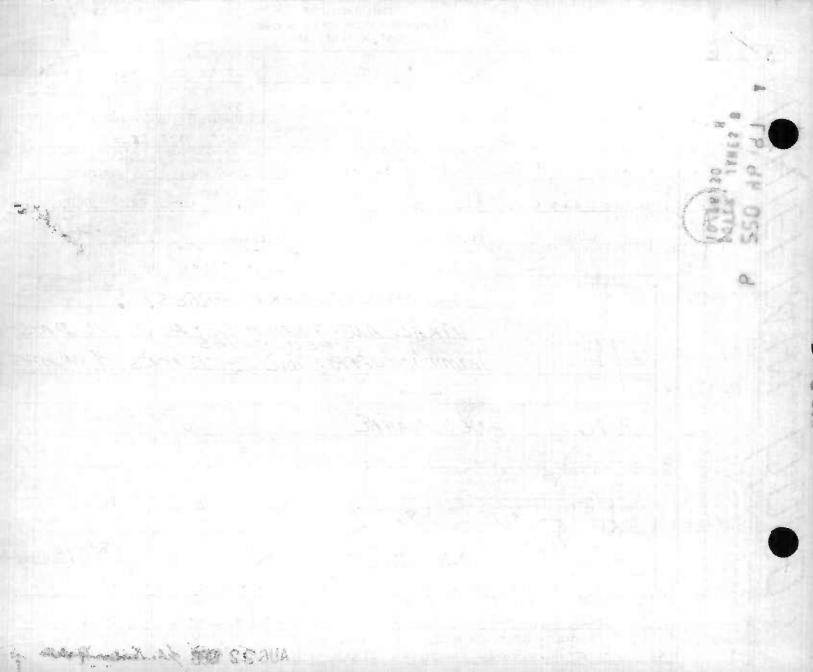
1527-01-213

CAR D. ARMINE THROUGH IN THE hosy and so, staniage, daryland 25227

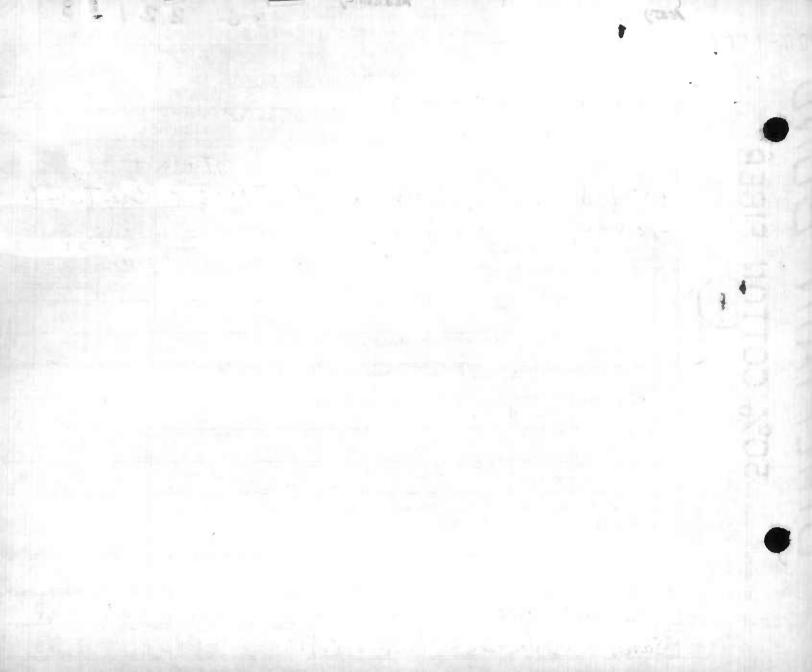
- Yours January Commerces and Property Commerces and August 1 & 18400 graduation of the Commerces and August 1 & 18400 graduation of the August 1 A

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTALHYGIENE FOR 1 - STATE REGISTRAR REG. NO 1. DECEASED NAME 20 DATE KNOWN X MONTH TTYPE OR PRINTS ESTI-8-29-8610 DEATH MATED BOYD 4 RACE IF LINDER 24 HRS 2c. DATE 2d HOUR LAST BIRTHDAY) PRONOUNCED 8-29-86 6:48P DEAD 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore City WIDOWED [DIVORCED ID. CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12h KIND OF BUSINESS BALTIMORE 1016 E. 36th Street Unemio SUAL RESIDENCE LIE IN NURSING HOME OR OTHER INSTANTION, GIVE RESIDENCE BEFORE ADMISSIONI 3a STATE 13d. INSIDE CITY LIMITS? md. 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME 16b. SOCIAL SECURITY NO CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Intracerebral hemorrhage with subdural hemorrhage DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO CERTIFICATION alcoholism 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES W NO [210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY JATHOME 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE AT WORK CITY OR TOWN COUNTY STATE 220. I certify that I took charge of the remains described above, held on Autopsy and in my opinion Natural causes X death resulted from: Homicide Undetermined manner TITLE (SPECIFY) ACTUAL PAGE 4 SHOU TO FUNERAL D M.D. Assistant MEDICAL EXAMINER DATE 8-30-86 SIGNATURE EXAMINER'S NAME 111 Penn Street William M. Zane, M.D. ADDRESS (TYPE OR PRINT) 07/84 25M 24 FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5))

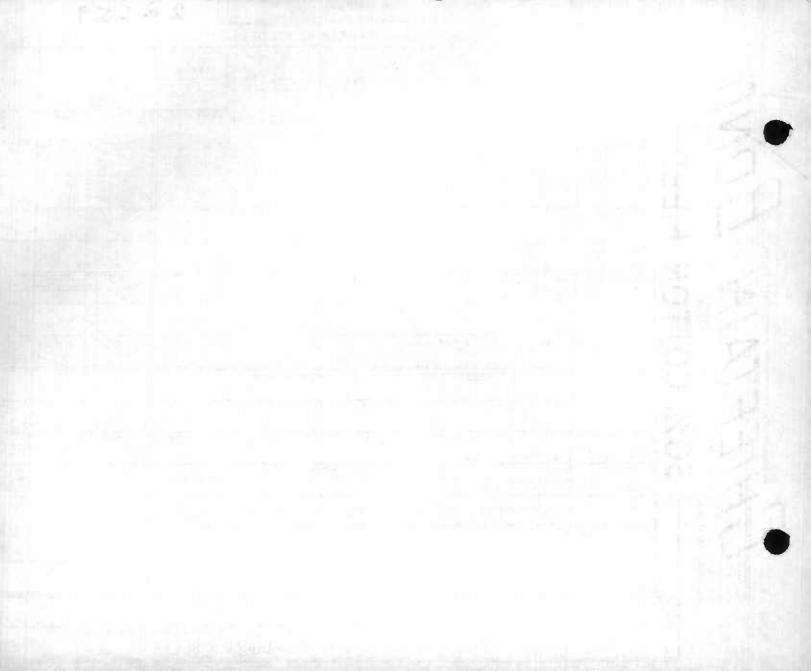
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 70 DATE OF DEATH MONTH DECEASED NAME LAST 7h HOUR TYPE OR PRINTS AUGUST 19, 1986 JAMES BOYER B. 0:46 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) 3 SEX 5. DATE OF BIRTH MONTH DAY Caucasian Oct. 28, 1930 Male BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED EXNEVER MARRIED BALTIMORE CITY Pennsylvania WIDOWED DIVORCED | CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 17h, KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BALTIMORE JOHNS HOPKINS HOSPITAL Marketing DuPont OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION USUAL RESIDENCE (# NURSING HO 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 3318 Coachman Rd. Wilmington Delaware New Castle YES [FATHER'S NAME 15 MOTHER'S MAIDEN NAME Clyde. Bover O'Hara Matilda 17 INFORMANT Wilmington ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 19803 IYES NO OR UNKNOWN) LIE YES, GIVE WAR OR DATES) Mrs. Mary Boyer 3318 Coachman Rd. 135-24-4916 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I, DEATH WAS CAUSED BY: CARDIOPUL MOWARY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), stating the underlying couse last. CERTIFICATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOTE NT WAS UNDERLYING 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 71d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION AT HOME STREET, FACTORY, OFFICE, FARM ETC 1 WHILE NOT WHILE 220 1 certify that (1) this hospital) attended the deceased from. , and that in (my) (aur) apinian death accurred on the date and hour and from the causes stated 22c DAJE SIGNED ATTENDING MEDICAL PHYSICIAN \$ DIRECTOR PHYSICIAN 7e ADDRESS PETER TERRY, MD 23a BURIAL, CREMATION, REMOVAL 73b DATE 23¢ NAME OF CEMETERY OR CREMATORY (SPECIFY) 8-22-86 Lower Brandywine Cem New Castle Buria1 Wilmington 74 FUNERAL DIRECTOR Loring Byers Funeral Directors, Inc 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 (VRA 15, 4) 8728 Liberty Rd. Randallstown, MD 21133



		100	Tun Film Goly item.		F HEALTH AND MENTAL CYCINE 2	1150
0 0 1	1070	11-	REGISTRER 9/15/86 rja		NER'S CERTIFICATE OF DEATH REG.	10.
00-1	4619		CEASED NAME FIRST	MIDDLE	LAST 20. DATE KNOWN	MONTH DAY YEAR 26 HOUR
	ET. ES. ES.	1	HOW	ARD Jearmine BR	RADSHAW OF ESTI-	□ 8-5-86 19 M
	STREET .	3 SE		5. DATE OF BIRTH 6. AGE (IN LAST BIRTH	YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 20 DATE	MONTH DAY YEAR AMOUR
	ON SOUR	i	Male B	1-10-72 14	YRS. DEAD	8-5-86 19 10:
	SESS.		SIRTHPLACE (STATE OR OREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	OR COUNTY OF DEATH
	IS NECESSARY, PLEASE IF HUNERAL DIRECTOR. RE S-FOR YOUR FILES. ED, WITHIN 72 HOURS IEW. PRESTON STREET,		Maryland	ル・グ・ル・	WIDOWED DIVORCED Baltimor	- MD
4/	ELAY IS N TO THE RU PAGE 5 BE FILED.		TITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOMES TO THE STREET ADDRESS TO THE S	ME, OR OTHER INSTITUTION (1 FOR MOST OF WORKING LIFE)	YPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY
	AIN BE ORDS.	1	Baltimore	JONNS HOPKINS HOSP OF OTHER INSTITUTION, GIVE RESIDENCE BEF	Sjuder	7
10212	HETAII HETAII HETAII HETAII HETAII	111/	STATE COUNT		IM INSIDE CONTINUITY 120 STREET ABOUT SE .	Brentwood
₩ Wp	H-WON H	14.7	ATHER'S POME	weout a 1 Affects	13. MOTHER SAGAIDE NAME MEDILE	A Char
ORE.	\$85×48)-	1	forward	Wilhers	you sladys B	radohow
TIMO	SE S			MED FORCEST IN SOCIAL SECTION	1708 Guilford Aye.	1000 c. Ar monored
1	PAGEN	-	No	1/// //	Mr. Howard Wither	yeoza 21202
ti.	0000		PART I DEATH WAS CAUSED	ly ane couse per line for (o), (b), and (c).) D BY: Multiple i	niurios	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
NO	新田田田田	1>	8/4 IMMEDIAT	/ DUE TO, OR AS A CONSEQUENCE		
PRESTON	NO.		Conditions, if any, which			
. *	SA SENSO		gave rise to immediate cause (a) stating the <u>under-</u>	DUE TO, OR AS A CONSEQUENCE	E OF	
30	D WAL		lying couse last.	(c)		
SGRO	DING- DICAL PICAL PHAN PHAN	z	PART 2 OTHER SIGNIFICANT CONDITIONS O	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO	
REC	BANA AR	CERTIFICATION	190 DATE OF OPERATION	198. CONDITION FOR WHICH OP	ERATION WAS PERFORMED?	20 AUTOPSY?
ITA	SECTION OF	L H			The state of the s	YES 🕅 NO 🗆
7 40	ATE SOME THE CONTROL TO BE TO	3 8	210 EXTERNAL CAUSE WAS	216 TIME OF INJURY	216. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM	
NO	DE CONTRACTOR	3	UNDERLYING OR CONTRIBUTING CAUSE OF D	DEATH 9:50 A.M. MONTH 548,6 VE.	pedestrian struck by a tra	ctor trailer
25	CERTIFICATION TO 3 SHOULD DEPART	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.)	211. LOCATION STREET CITY OR TOWN	COUNTY STATE
ă	SA A A B A B A B A B A B A B A B A B A B)	WHILE NOT WHILE AT WORK	street	Exit Ramp of I-83 to Md. A	ve. Baltimore, Md.
	ATE STATE	>		e af the remains described above, held on	Autopsy X. Inspection . Inquiry .	and in my opinion
	MINISTER STATES	9	death resulted fram; Nature	ral causes , Accident .	Suicide . Homicide . Undetermined monner	
	AA VAR		ACTUAL MOLA	- A 11/1	TITLE (SPECIFY)	
	BERET S		SIGNATURE	honor work	M.D. Assistant MEDICAL EXAMINER	SIGNED 8-6-86
-	TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH I BALTIMORE, M	1	EXAMINER'S NAME (TYPE OR PRINT) M	argarita A. Korell,	M.D. ADDRESS 111 Penn Street	
	522549	23a E	SPECIFYL		EMETERY OR CREMATORY 73d LOCATION	A COUNTY OF STAN
07/84 25M	BP		13may 3	8-18-86 Cerbis	us Jen. Ballo.	co. ma
	DHMH - 17	24.1	UNERAL DIRECTOR L	1 ADDRESS 1701 ho	256. DATE REC'D, BY REGISTRAR 256. REG	SISTRAR'S SIGNATURE
	(VR A15 ME (5))	1	James H. Mor	Mon & Sono Bullo	: 21217 AUG 7 1986	- 6 1



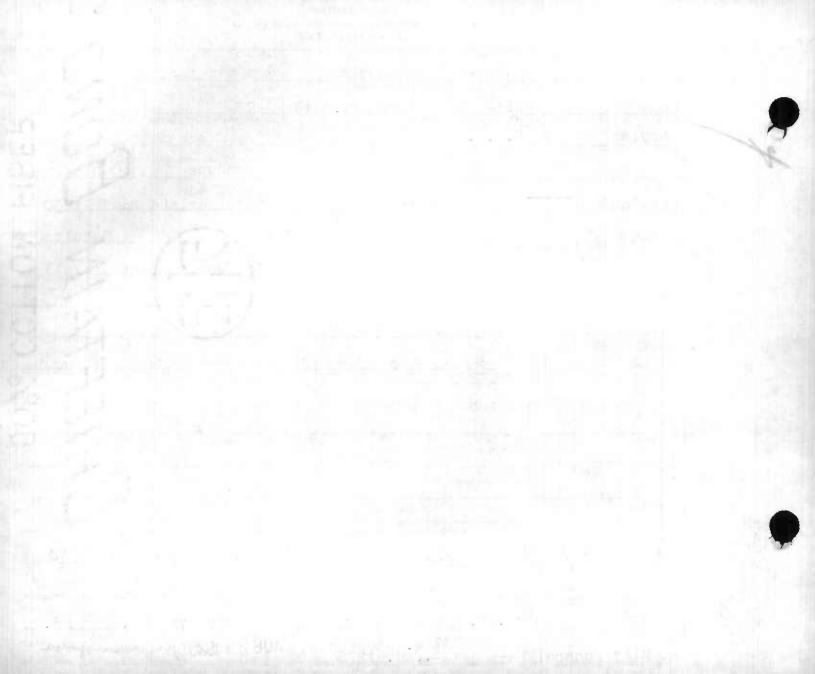
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGICHE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO FIRST DECEASED NAME 20. DATE KNOWN 2h HOUR TYPE OR PRINTI OF ESTI-Everlean Brady 1986 4. RACE SEX 5 DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR. IE LINDER 24 HRS 12:30 2c. DATE LAST BIRTHDAY) PRONOUNCED black. female DEAD 1910 1986 76 YRS P. M To BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY | N.C. WIDOWED X DIVORCED Baltimore City, 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS OR INDUSTRY Unemployed Baltimore 5530 Lynview Avenue ISUAL RESIDENCE HE IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 5530 Lynview Avenue 21215 13a STATE 13h COUNTY 13d INSIDE CITY LIMITS? Baltimore Md YES NO [4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE John Roberts Martha Staton 166 SOCIAL SECURITY NO. 17. INFORMANT 16g WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 238-18-0959 A No Annie Jackson 5530 Lynview Avenue 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO X 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM) 8 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME, 21d INJURY OCCURRED 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE AT WORK COUNTY STATE Inquiry XX 22a I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinian TO MEDICAL EXAMINE
EXECUT THE CERTIFICA
PAGE & SHOULD BE R
TO FUNERAL DIRECTO
AFTER DEATH
BALTIMORE: MARYLAN Natural causes Suicide Homicide ! Undetermined manner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER DATE 8-22-86 SIGNATURE SIGNED EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St., Balto., Md. 21201 TYPE OR PRINT ADDRESS 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE Burial 8/30/86 Holly Hill Cemetery Belvoir N.C. 07/84 25M 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** AUG 2 6 1986 March Funeral Home West 4300 Wabash Avenue (VR A15 ME (5))



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFIC REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWNXX MONTH DAY (TYPE OR PRINT) OF ESTI-19 86 John Brandt 4 RACE 5. DATE OF BI 6 AGE (IN YEARS IF UNDER 24 HRS 2d HOUR DATE PRONOUNCED 7:12 p. M DEAD 10 86 BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED Baltimore City DIVORCED ITAK, NURSING HOME, OR OTHER INSTITUTION Old Orchard Road 403 Baltimore 13a. STATE 136 COUNTY 13d INSIDE CITY LIMITS? 14. FATHER'S NAME MIDDLE 8. GIVE PIN WITH FOIN IT. PAGES IN DIVISION I MAS DECEASED ARMED FORCES? (IF YES, GIVE WAR OR DATES) EXECUTE THE CRETIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN 11EM 18.

REGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WING A FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED AS A BURRAL. TRANSIT PERMIT AFTER PDATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIRACLIMORE, MARYLAND, 21201 PRIGR TO BURIAL, CREMATION, OR REMOVAL. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Shotgun Wound of Abdomen IMMEDIATE CAUSE (a)___ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 of CERTIFICATION 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES XX NO 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING XXOR HOUR A.M. MONTH DAY YEAR 8-] subject shot himself CONTRIBUTING CAUSE OF DEATH 19 86 211. LOCATION THE PLACE OF INJURY (AT HOME. 214 INJURY OCCURRED STREET, FACTORY, FARM, ETC.) NOT WHILE AT WORK Home 403 Old Orchard Road, Baltimore, Maryland Autopsy XX 22a. I certify that I took charge of the remains described above, held an Inspection and in my apinion Hemicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE sistant SIGNATURE EXAMINER'S NAME 21201 Dennis F. Smyth, M.D. 111 Penn St., Balto., Md. (TYPE OR PRINT) 07/B4 SHREGISTRAR'S SIGNATURE 25M DHMH - 17 (VR AT5 ME (5))

PRINTERES RITHING MA WARRANG SACTO S HOYOUR BARRANGE KEN BELLEVARION C. ECANDS HELEN LICELLY THE THAN THE PROPERTY BOOKS FOR THE BEST AND EURIAL NOF E EL HOLY TRINITY COLUMBIA WERE CHARLES HAVE EDWARD LONDER WILL BEEN AND WARD TO SEE THE SEE THE



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND FOR STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1	2	1	0	lin
Con	COM			
REG. NO.				

14.7		REGISTRAR							REG. NO.				
		CEASED NAME OR PRINT)	ARIAN		TOYC 5	Br	RICK		20. DATE OF DEATH MONTH		86	26. HOU	18/0/ M
	3. SEX		14	RACE	3-100	5. DATE C	E BIRTH		& AGE (IN YEARS LAST BIRTHDAY)	IF UNDER	_	IF UNDER	24 HRS
1	3. SEA	FEMAL		W	HITZ	O3		5		MONTHS!	DAYS	HOURS	MIN.
1/		RTHPLACE (STATE OR I		CITIZEN OF	WHAT COUNTR	Y? 8 MARRIEI	NEVER MARRIE	пП	BALTIMORE CITY OR CO		ATH		
KA	Pé	ennsylvani	a	U.S.A.		WIDOWE			Baltimore C	ity			MD.
W		TY OR TOWN OF DEA		1. NAME OF	HOSPITAL, NUR		R OTHER INSTITUTIO		120. USUAL OCCUPATION	12b.	KIND OF	F BUSIN	ESS OR
8	B	ALTIMOR	4/		H FACILITY GIVE STR		LAND		{TYPE OF WORK FOR MOST OF WORK	Homema			
3	130 S Ma	AL RESIDENCE (# NURS TATE Aryland	131 COUNT Balt	imore	13c. CITY OR IC Dunda	ORE ADMISSION	13d. INSIDE CITY LIM YES NO [13e STREET ADDRESS / ZIP 2508 Liberty	code Parkw	vay	212	22
31	M. FA	THER'S NAME OTTO	M	O.	Newma	n	15. MOTHER'S MAID Blanc		WE		Pri	tts	
6	16a/W	VAS DECEASED EVER	IN U.S. ARM	NED FORCES?	166 SOCIAL SE	CURITY NO.	17 INFORMANT T	ind	a Sanbury ODRE 782	5 Loch	WOO	d Rd	
2	(Y	NO OR UNKNOWN)		WAR OR DATES)	175.20.	2160			alk, Maryland	21222			
								/u lu	ally rangitation			MATE INTE	RVAL
		18 CAUSE OF DEAT PART I. DEATH W	AS CAUSED	one couse per BY: CAUSE (o)	CAR	DIAC	ARRE	.57			ETWEENC	INSET AND	DOEATH
1		Conditions, if any	which	DUE TO, O	R AS A CONSEC	DUENCE OF A	L INF	= AR	CTION		8	/24	186
F)	gove rise to imicouse (a), statis underlying couse	mediate ng the	(0)	R AS A CONSE	DUENICE OF	TENSID	~			8/2	18/	86
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN								N GIVEN IN	PARI lic	3		
-	NQ.	A Part C	CC T										
2	CERTIFICATIO	19a DATE OF OPERA	TION 86				N WAS PERFORMED		200 AUTOPSY? 200.	IF YES, WERE CERTIFYING O			TH?
9	AL CER	210. ACCIDENT WAS UN		HOUR A	FINJURY .M. MONTH	DAY YEAR	21c. HOW INJURY O	OCCUR	RED (ENTER NATURE OF INJURY IN 17	EM 18 PART I OR	PART 2}		
1	2	LIF EITHER NOTIFY MED			OF INJURY	19	211 LOCATION						
	MEDIC	21d. INJURY OCCUR			REET, FACTORY, OFFI	CE, FARM, ETC)	STREET		CITY OR TOWN	CC	YIMUC		STATE
		AT WORK AT WO	ORK			17.	1 1		01 /				
		22a I certify that (1	(this hospite	al) ottended #1			29/86, 19.			6 19_		that (I)	(we) lost
		saw the deseas	ed alive on_	8/0	29/861	9, o	nd that in (my) (our) t	pinion	death occurred on the date of	nd hour and f	rom the	couses s	toted
	. 4	obove/(1) (we) (did) (did not) view the body ofter death. 276. SIGNATURE* DEGREE							23	2c. DATE	SIGNED)	
		1/1	ut	T. Si	ullton	- ou	D. ATTENI	DING	MEDICAL STAFF DIRECTOR PHYSICIAN		8/2	9/19	186
7		22d. PHYSICIAN'S N	AME (TYPE OF	PRINT	1		122e ADDRESS	CIAN	DIRECTOR EL PHISICIAIN				
1		ROBE	RT ?	/	GLET	ON		DF.	MARYLAND	HOSF	2/1/	AL	
		BURIAL, CREMATION	, REMOVAL	236 DATE	1	3t NAME OF	EMETERY OR CREMA	ATORY	123d LOCATION				STATE
	1	Burial		9/2/1	986	Salisbu	ry-Elklich	n Ce	m. Salisbury	Somers	set	Pe	enna.

DHMH - 16 60M 7/B4

(VRA 15, 4)

24 FUNERAL DIRECTOR
Walter Brooks Bradley Inc., Dundalk Md. 21222

RAR'S SIGNATURE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE O

CERTIFICATE OF DEATH

REG. NO. 20. DATE OF DEATH MONTH 2b HOUR 06 & AGE IN YEARS LAST BIRTHDA FUNDER LYFAR

F	3	
BIRTHPLACE I STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	Ī

HOME OR OTHER INSTITUTION

YEAR H MARRIED NEVER MARRIED

13d. INSIDE CITY LIMITS?

9 BALTIMORE CITY OR COUNTY OF DEATH BAUTIMORG 126 KIND OF BUSINESS OR

I TYPE OF WORK FOR MOST OF WORKING LIFE!

OKLAHOMA BELTIMONS

FOR - STATE

(TYPE OR PRINT)

REGISTRAR

I. DECEASED NAME

WIDOWED DIVORCED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION Rey WOVEITAL

R1665

5. DATE OF BIRTH

WONGARUA 130 STREET ADDRESS / ZIP CODE

USUAL RESIDENCE	I IF NURSING HOME OR OTH
13e STATE 3	136 COUNTY
21 3	and the same of

4 FATHER'S NAME

CERTIFICATION

00/

ö

MPORTANT should be 0

ATIMON &

15 MOTHER'S MAIDEN NAME ANNIL

NO [

LAST

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO F

Malt.

WAS DECEASED EVER IN U.S. ARMED FORCES?

Conditions, if any, which gove rise to immediate couse (a), stating the

underlying cause last.

166 SOCIAL SECURITY NO

17 INFORMANT

CHARDSUNIYUT dom months

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) noxic IMMEDIATE CAUSE (a)

DUE TO, OR ASA CONSEQUENCE OF

NIDI VESTE OF

DUE TO, OR AS A CONSPOUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11a

Deculating	alcers
NE DATE OF OPERATION	146 CONDITION FOR WHICH OPERATION WAS PERFORMED

71b TIME OF INJURY

NOL HE HOW INJURY OCCURRED (INTERNATING OF HOURS IN THE IS AND I CAPABLE)

70a AUTOPSYP

21a ACCIDENT WAS UNDERSTING OR CONTRIBUTING CAUSE OF BEATH THE STREET, SIGNAY MEDICAL EXAMINERS 714 INJURY OCCURRED

HOUR A.M. MONTH DAY YEAR THE PLACE OF INJURY AT HOME, STREET, EACTORY, OFFICE, FARM, ETC.)

211 LOCATION

COUNTY CITY OR TOWN

ALWORE E 12a.1 certify that II (this haspital attended the obceased from

ion death occurred on the date and hour and from the causes stated THE DATE SAGNED

20% IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

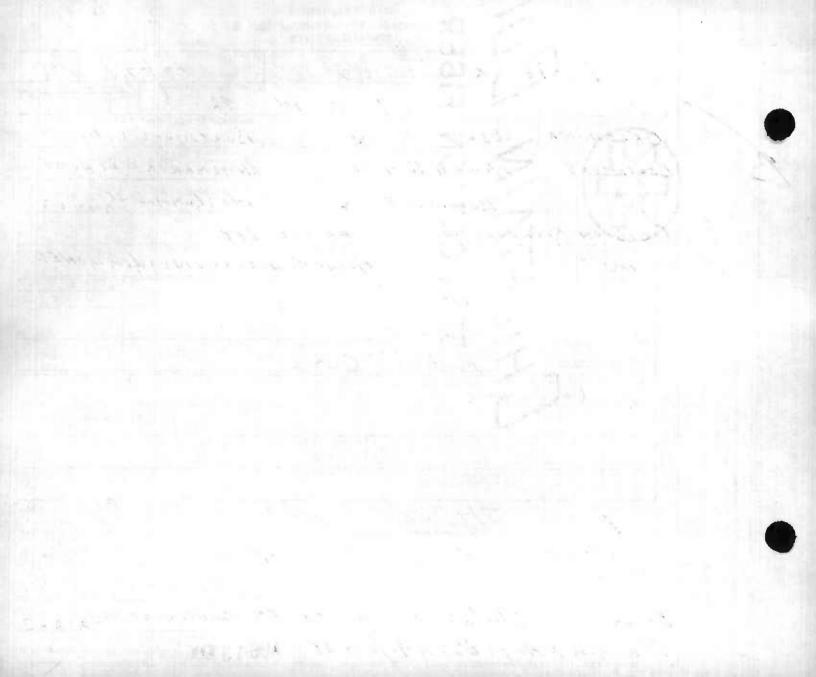
ATTENDING. STAFF PHYSICIAN DIRECTOR PHYSICIAN

230. BURIAL, CREMATION, REMOVAL

BURIAL

DEGREE

DHMH - 16 60M 7/84 (VRA 15, 4)



DHMH - 16 60M 7/84

(VRA 15, 4)

FOR STATE

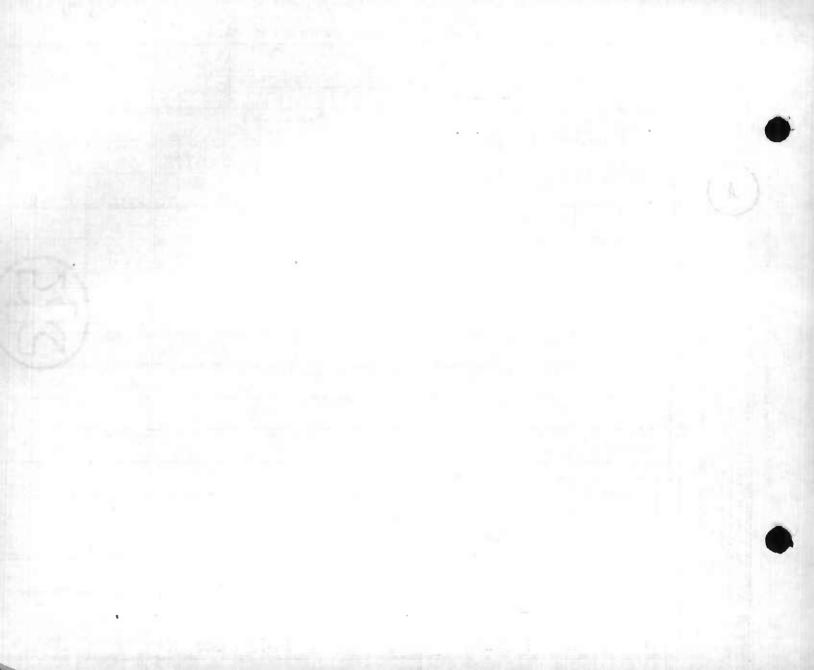
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

-1	2.	REGISTRAR				ICAIL OI DEAII	•	REG. I	10.				
1	1 DEC	CEASED NAME FIRST	N	IDDLE	L	AST		20. DATE OF DEATH	MONTH	DAY	YEAR	2b. HOUR	
1	X	tax text ta	ward	D	BRING	GLEY			8	24	86	1249	3 PM
1	1. SEX	7	4. RACE		S. DATE C			6 AGE (IN YEARS LAST E	IRTHDAY)	MONTHS	DATS	IF UNDER 2.	4 HRS
		Male	Cauca	sian	Marc		-	60	YRS				
А		RTHPLACE (STATE OR FOREIGN	16 CITIZEN OF V	WHAT COUNTRY?	8.	NEVER MARRIE	D Ó	9. BALTIMORE CITY	OR COUN	TY OF DE	ATH	0.00	11 5
	N	lew York	USA		WIDOWE	D DIVORCE	D 🗆	Baltimore					MD.
Z	10. CI	TY OR TOWN OF DEATH		IOSPITAL, NURSING FACILITY, GIVE STREET A		OR OTHER INSTITUTIO	N	120 USUAL OCCUPA (TYPE OF WORK FOR MOST				Prive	
	-	ltimore /				nd Hospita	1	Accountar		_	ndus		206
į	13a. S	AL RESIDENCE (IF NURSING HOME OF ITATE ISSUED COUNTY)	Arundel	GIVE RESIDENCE BEFORE A 13c. CITY OR TOWN Severna		134 INSIDE CITY LIM		811 West			Road	21	146
9		THER'S NAME				15 MOTHER'S MAID	ENNAM	AE .	Dollar	CLU			1.40
-4	1	Edward	Leo	Bringle	v	Marv		WIDDLE		7.8	mbit		
Ġ		VAS DECEASED EVER IN U.S. AR		166. SOCIAL SECUR	ITY NO.	17 INFORMANT		ADD	RESS IJ			leld :	Dand
	-{1	YES KOR	e war or dates)	579-34-5	660	Barbara A	nn B	ringley S	everr			MD 5.	
		18 CAUSE OF DEATH (Enter or							. 0	8		MATE INTERV	
		PART I. DEATH WAS CAUSE	D BY: TE CAUSE (a)	Adenac	Arci	MONG -	Un	known	1				
				R AS A CONSEQUE	NCE OF	,							
		Canditians, if any, which	((b)	CARTIC	DO	mona	ry.	Arrest					
		gave rise to immediate couse (a), stating the	DUE TO OF	R AS A CONSEQUE	JCE DE		1	V = 1 - 1 - 1					
		underlying cause last.	(c)	AS A CONSEGUE	101		0						
		PART 2. OTHER SIGNIFICANT (CONDITIONS CO	NTRIBUTING TO D	EATH BUT	NOT PETATED TO TH	IE TERMI	NAL DISEASE OR CO	NDITION C	SIVEN IN P	ART Ira		
	O.	MAliqu	but	PIEUro	il e	=HU3101	72						
	CERTIFICATION	190 DATE OF OPERATION	19b. CONDI	TION FOR WHICH C	OPERATIO	N WAS PERFORMED		200 AUTOPSY?	20b. IF Y	ES, WERE	FINDIN	GS USED OF DEATH	12
	ET.							YES NO		YES 🗍		NO	
Ň	3877 C	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		FINJURY M. MONTH DA'	Y YEAR	21c. HOW INJURY O	OCCURR	ED (ENTER NATURE OF IN	URY IN ITEM 1	8 PART TOR	PART 2)		
1	GA	(IF EITHER, NOTIFY MEDICAL EXAMINER	KIN .		19		201						
	MEDICAL	21d. INJURY OCCURRED	21e PLACE C	OF INJURY EET, FACTORY, OFFICE, FA	RM FIC)	211 LOCATION STREET		CITY OR 1	OWN	COL	UNIY	517	ATE
	2	AT WORK NOT WHILE AT WORK			Λ								
		220 I certify that (I) (this haspi			Hus		86	10 Aug	24	. 19 0		that (I) (w	
	1	saw the deceased alive an abave, (1) (we) (did) (did) (did)	t) view the bady	after death	10. U	nd that in (my) (aur) a	pinian d	leath accurred and the	date and h	aur and fr	am the c	auses stat	ed
Ų		22b. SIGNATURE		1.1/1		DEGREE) DIA	LEDICAL ST	A F.F.	220	DATE	MGNED	
1		ay cuy	W DY	Hade	m	M S ATTEND	IAN D	MEDICAL ST.	AFF ICIAN 🗌		8/:	24	
		224 PHYSICIAN'S NAME (TYPE	PRINT!	2011	1	22e. ADDRESS	/	1011-0	1.	1	1		CL
		JIMED (I. WH	DE, M.	1).	OBIC	1:0	म प्राम्य	(1-24C		יווריו	40	्ष्य.
	23o. B	URIAL, CREMATION, REMOVAL	23b. DATE	23c. N.	AME OF C	EMETERY OR CREMA	TORY	23d. LOCATION		COUNT	Y	51.	ATE
		Burial //	AUG 28	.1986 Mar	yland	l Veterans		Crownsvi		Anne	Aru		, MD
	24 FU	INERAL DIRECTOR	West 16	000 Annap	olis	Road 2	So. DATE	REC'D. BY REGISTRA	R 25 REGI	Davido	IGN	PELAN	
	Be	eall Funeral Hor	ne Bo	wie, MD	2071	5-3043	AUG	38 1865	Himai	THE THE			1

20715-3043

15+SI / 1 - 12	YMERICAL			107 AN
	1881 17 1427.	Zažnacu.		Bela
Self-Sector Distriction			Litt	SPECY WOLL
The case of the ca	Solder Herri	ok to estate		POLICEOTE
Dill Wast Booff bieffood Child	E STM	arreval leb	ng P N N N N N N N N N N N N N N N N N N	SimCytaM
og Edmall	Craft s	, E.S. 22.11	00.1	Movero
iger Statings sand IIS 1455 GM , Stat surveys yet mittl	HIS MENTERS OF	SEAST-SEE	100	SIL
the many				
The same	ביי ופטביופרי	st.ed		
x I X	e asierale a	aralq a	-mplal	4
- se ves set			ر المجري د ما يو ال	
R S S S S S S S S S S S S S S S S S S S	UA _{lla E} des-Line	ES, USED REE LICENCE AMERICA Bowles Ma	spell 142	rus Hara

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DECEASED NAME 20. DATE KNOWNXX MONTH 2h HOUR (TYPE OR PRINT) ESTI-DEATH MATED Elizabeth 19 86 Broumskin 4. RACE 5 DATE OF BIRTH 6 AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE 2d HOUR 1-22-03 BIRTHDAY) 3:37 PRONOUNCED BLACK DEAD 1986 a. M 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED T NEVER MARRIED U.S. Baltimore City WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS OR INDUSTRY HOUSEWIFE Baltimore Sinai Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS MD BALTIMORE 14 FATHER'S NAME MIDDLE FORBES 16b. SOCIAL SECURITY NO. 17 INFORMAN ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? HE YES GIVE WAR OR DATES! 216-42-6315 Mrs. Hinton 3829 PARK HGTS. APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: Aortic Aneurysm IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO CERTIFICATION E FORWARDED TO THE CHIEF M TOR: PAGE 3 SHOULD BE USED A 1 THE STATE DEPARTMENT OF HEA LAND, 21201 PRIOR TO BURIAL, C USED / 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [NOXX 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME 21f. LOCATION STREET, FACTORY, FARM FTC 1 CITY OF TOWN COUNTY STATE WHILE AT WORK H, WITH THE S MARYLAND. 220 I certify that I taak charge of the remains described above, held Autapsy Inspection and in my apinion Natural causes Undetermined manner TO MEDICAL E.
EXECUTE THE C.
PAGE 4 SHOUI
TO FUNERAL D.
AFTER DEATH, V.
BAUTMORE, M. Assistant 8-15-86 SIGNATURE EXAMINER'S NAME 111 Penn St., Balto., Md. 21201 Dennis F. Smyth, M.D. BALTIMORE, MD COUNTY 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY STATE 8-27-86 MT. AUBURN 07/84 25M 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** CARROLL 1722-14 (VR A15 ME (5))



- STATE CERTIFICATE OF DEATH REGISTRAR LAST L DECEASED NAME Mr. Bartholomew E. Brown 4. RACE 5. DATE OF BIRTH 3. SEX December 31 1924 Male Caucasian TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? West Virginia United States DIVORCED WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 3709 Glen Avenue Baltimore USUAL RESIDENCE HE NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130 STATE 136 COUNTY Baltimore 134 INSIDE CITY LIMITS? MARYLAND Maryland 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Irma Romaine Bartholomew E. Brown 17 Mirsogn Catherine Georgia Brown SS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 66 SOCIAL SECURITY NO. (IF YES GIVE WAR OR DATES) 146-18-5122 3709 Glen Avenue 8 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY MBUASTATIC BRAGO IMMEDIATE CAUSE (D)___ DUF TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 216. TIME OF INJURY 21a. ACCIDENT WAS UNDERLYING 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC 1 NOT WHILE 22a | certify that (1) (this haspital) attended, the deceased from. 86. sow the deceased alive an.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE () 26 DATE OF DEATH 2b. HOUR August 1 1986 10130 PM 6. AGE | IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS DER 1 YEAR 9 BALTIMORE CITY OR COUNTY OF DEATH Baltimore City 12a USUAL OCCUPATION 12b KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Optical Work New DealOptical 13e STREET ADDRESS / ZIP CODE 3709 Glen Avenue 21215 MIDDLE LAST - 21215 Baltimore Maryland APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

> 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO T 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated

22d. PHYSICIAN'S NAME (THE COLUMNIC) STED How 6 CASSEM

above, (1) (we) (did) (did not) view the body after death

226. SIGNATURE

BurlaT

22e ADDRESS

23¢ NAME OF CEMETERY OR CREMATORY

Druid Ridge Cemetery

ATTENDING

DEGREE

STATE OF MARYLAND

MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

> Pikesville Baltimore Maryland

22t. DATE SIGNED

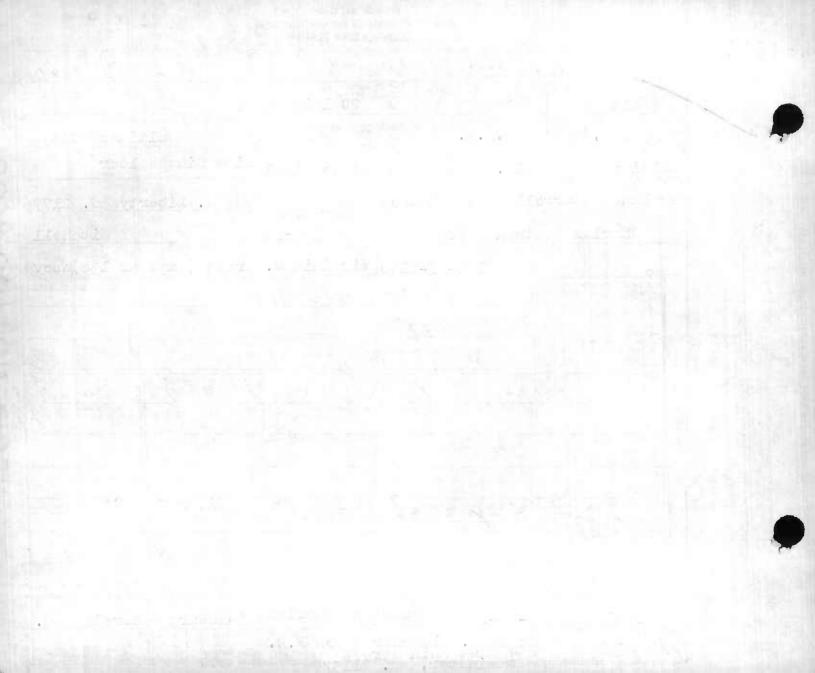
DHMH - 16 60M 7/84 (VRA 15. 4)

24 FUNERAL DIRECTOR LOTING Byers Funeral Directors, Inc. 8728 Liberty Road Randallstown, Maryland 21133

230. BURIAL, CREMATION, REMOVAL 23b. DATE

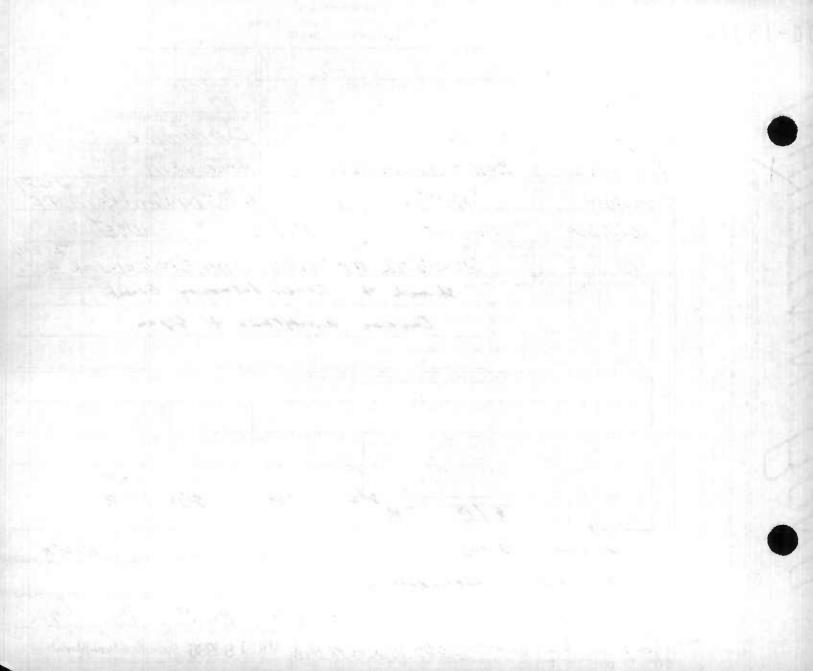
250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

avoid . I want on . Charles Avenue 21415



			100		STATE OF MARYLAND	0.0	08
0-1	5579	1.	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	0	
0		1.05	REGISTRAR CEASED NAME FIRST	WIDDLE	LAST	REG. NO.	DAY YEAR 2h HOUR
	0 m £		ORPRINT)	-1 -110	D	DATE OF DEATH MONTH	3 86 (55 PM
	poge 3		0)145	LOTTE	Brown	8 /	
	fter p	3. SE	× – ,	1 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATE HOURS MIN.
	ge 4	1	TEMALE,	Black	2 7 09	77 YRS.	
	arb. Po		IRTHPLACE (STATE OR FOREIGN	76 CITYEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
	nero nero	M	mulmo.	U.S.H.	WIDOWED DIVORCED	DAllimort	3 Cilu MO.
	P P	10 C	ITY OF TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE, OF WORK FOR MOST OF WORKING LIE	126. KIND OF BUSINESS OR
5 X	+ p - 5 4	1	pollinme	BON Seco		Homemaker	EI INDUSTRY IP
2	1 1 .0 3/2	ปรับ	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEFO	RE ADMISSION)	•	21229
2		1	STATE 13b. COUN	BAIT	YES NO T	13e STREET ADDRESS / ZIP CODE	JPd. BATE
(A)	sh sh	16.6	ATHER'S NAME	100000	15 MOTHER'S MAIDEN NA	IME	3 Million P
MARYLAND	and		William	MIDDLE YOURS	2//=	MIDDLE //	185TIAST
	5 9-1	160	WAS DECEASED EVER IN U.S. AR	MED FORCES? 1166 SOCIAL SEC	URITY NO. 17 INFORMANT	/ ADDRESS	21216
BALTIMORE	n and Poges			VE WAR OR DATES	and my milled	ribenouscen	-11- W 1016
i i	5 o 5			Q 2-12-0	12 MILSTENIALEG	F131181 3400WI	APPROXIMATE INTERVAL
BA	physic onpape emoval.		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one couse per line for (o), (b), o D BY:		ful mon an au	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST	ng p bon rem		IMMEDIA	TE CAUSE (o)			7
PRESTON ST	orth cor			DUE TO, OR AS A CONSEQU	JENCE OF Quantity	min of Ceans	
RESI	dec otte		Conditions, if any, which	(b)	7000		
¥.	t the		couse (o), stoting the	DUE TO, OR AS A CONSEQU	JENCE OF		
201 V	d b d b		underlying cause lost.	(c)			
	on population by	z	PART 2. OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIV	EN IN PART Ito
AL RECORDS,	8 == = :	CERTIFICATION		Tin construction		Tan and the state of the state	
SEC.	low S on P on S on S on S on S on S on S on	NO.	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
¥	9 9 9 9	RT					S NO
>	ZAUGIE		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		DAY YEAR 216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM IS F	ART 1 OR PART 2)
Ö	SICIA ng ph certification in them	CAL	(IF EITHER, NOTIFY MEDICAL EXAMINER		19		
DIVISION OF VIT	HY Holding Miss	PEDIC.	21d INJURY OCCURRED	21e PLACE OF INJURY LATHOME STREET, FACTORY, OFFICE	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
ž.	or offer the ost the old the or of the old the one marked	~	AT WORK NOT WHILE				
0	ENDIR fol or DR: Al Healt		220.1 certify that (I) (this hospi	tal) attended the deceased from	19 56		19 that (I) (we) last
	ATTER aspito eCTOR d for d for f. of H		sow the deceased alive an	it view the body after death.	R, and that in (my) (our) opinion	death occurred on the date and hou	r and from the causes stated
	A d a d d		226 SIGNATURE		DEGREE		22c. DATE SIGNED
	the contraction of the contracti		for line	he food wants	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	8/14/14
	HOSPITAL ned by the FUNERAL state State ORTANT:		224 PHYSICIAN'S NAME (TYPE C	OR PRINT)	22e ADDRESS		
			pocanos	h. sopual	7' 4		
	of of white of the of t	23a	BURIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d LOCATION	7
	BP		(SPECIFY)	8/16/86	we pot	SOR TOWN TO	POUNTY (STATE)
		24 F	UNERAL DIRECTOR	10/10/	25a. DA	TE REC'D. BY REGISTRAR 25b REGIST	RAR'S SIGNATURE
	DHMH - 16 60M 7/84 (VRA 15, 4)	(NAME O	Rung 200855	14. 2/m th Als. Al		widnes hande to
	(VICA 13, 4)	1		dod	-WINDHID TURY	- 0 1300 A a work	1.0201

U



4.21 11 4 12

TOFO		FOR STATE REGISTRAR		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	ENE 6 2 2	1 / 0
noy be 3 O O I		DECEASED NAME FIRST TYPE OR PRINT) EDGA		BROWN	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
Poge 4 mg director. p hours ofter	5	MACE	black black	5. DATE OF BIRTH MONTH DAY YEAR 5 28 20	VAGE (A TRANSLAST BIRTHDAY) 46 YRS.	IF UNDER 1 YEAR IF UNDER 2: MONTHS DAYS HOURS
deoth. Po unerol dii hin 72 hou	Jet "	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT O	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNT BALTIMORE CITY OR COUNT	
by the full with fulled with	8	BALT,	11. NAME OF HOSPITA	AL, NURSING HOME OR OTHER INSTITUTION TO GRESTREET MOBESS) THE STREET MOBESS AND LAND	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	12b. KIND OF BUSINES INDUSTRY
filled in full be in must be	5	ISUAL RESIDENCE (IF NURSING HOME OF 30 STATE 13b COL	DROTHER INSTITUTION GIVE RESIDENTS	salt. YES NO [13e STREET ADDRESS ZIP COD	11 - 1 16 16
mpletely and 2 st	1	MI FATHER'S NAME William	MIDDLE	15. MOTHER'S MAIDEN NAM PIRST ANNA	AE MIDDLE	BROWN
do do	1		RMED FORCES? 166 SO FIVE WAR OR DATES) 70	5-09-6742 Marguer:	te Brown 39	26 Ridgewa
quires that the acott signed by the attent hen please remails to to burial, cremation, ijury, or ather travmili	•		DUE TO, OR AS A)	CONSEQUENCE OF CONSEQUENCE OF TRACELE HAL KEM UTING TO DEATH BUT NOT RELATED TO THE TERMI	orkage NAL DISEASED R CONDITION GI	VEN IN PART TO
he low renon. on. permit. Tene prior. ows ony ir.	2.	TO ACCUSENT WAS UNDERLYING	Cerebe	Clar Safartan	LIH CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH
HYSICIAN: T nding physici his certificate buriol-transi J Mental Hygi or Item 18	100	210 ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DI	EATH HOUR A.M. MI	ONTH DAY YEAR 19 21f LOCATION	ED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2) COUNTY STA
R ATTENDING PI hospitol or otter RECTOR: After the ed for use as the pt of Health and em 21 is morked		220.1 certify thou this hosp		sed from 7/2/86 19	, to	10_86 that Up we
the the stock of the contract	1	HE HYSICIAN S NAME I I I	Vanh	ATTENDING PHYSICIAN D	MEDICAL STAFF DIRECTOR PHYSICIAN	7 8/34
TO HOSPITA etoined by TO FUNERA should be de with the Stot	1	1 Julietta	EC CAN.	au	- record	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

.)	1	- 9
6 m	Com	

2	REGISTRAR			CERTIFIC	ATE OF DI	EATH	REC	5. NO.			
	DECEASED NAME	FIRST	WIDDIE	ŁAS	T		20 DATE OF DEAT		IH DAY	Y YEAR	2h HOUR
ı i	TYPE OR PRINTS	French		Bro	wn		August	30,	1986	5	7:05
1	SEX	4 RACE	3	5 DATE OF			6 AGE (IN YEARS LAS	1 BIRTHDAY		UNDER I YEAR	
	Male	Bla	ck	MONTH	O DAY	O7	79		YRS.	DATS	HOURS MIN.
70	BIRTHPLACE (STATE OR FO	REIGN 76. CITIZEN OF	WHAT COUNTRY?	8 AAA DDIED	NIEVE P. AA		9 BALTIMORE CIT			FDEATH	
8	FLORIDA	USA	USA WIDOWED TO DIVORCED			Balt	imor	e Ci	ty	M	
3 10	Baltimore	LIF NOT IN SUC	HOSPITAL, NURSIN HEACKITY, GIVE STREET NERAL HOS	ADDRESS)	OTHER INSTI	NOITUI	128. USUAL OCCUP (TYPE OF WORK FOR MC		KING LIFE)	INDUSTRY	OF BUSINESS O
5	MD MESTATE	G HOME OR OTHER INSTITUTION 36 COUNTY	GIVE RESIDENCE BEFORE 136. CITY OR TOWN Baltimo:	N H	3d. INSIDE CIT YES [X	Y LIMITS?	136 STREET ADDRE 2024 N.	ss / zip Wolf	code fe St	5. 2	21213
5	FATHER'S NAME FIRST Sarah	WIDDIE	Brown	1	5. MOTHER'S Hue	IRST	ME	l E		Bro	
16	WAS DECEASED EVER IN	U.S. ARMED FORCES?	166 SOCIAL SECU	IRITY NO	7 INFORMAN	IT	AC	DRESS			
	No	243-28-1	3-1974 Sarah Dallas			2914 Fo:	rest	Gler	n Road		
Г	18 CAUSE OF DEATH Enter only one couse per line for io), (b), and ic PARTI DEATH WAS CAUSED BY: Cardiopulmonary Arrest									BETWEEN	KIMATE INTERVAL LONSET AND DEATH
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDER		TION FOR WHICH OPERATION WAS PERFORMED			VINAL DISEASE OR CONDITION GIVEN			WERE FINDINGS USED		
7	1						YES NOT	IN		NG CAUSES	S OF DEATH?
- 4	OR CONTRIBUTING CA	USE OF DEATH HOUR A. LEXAMINER) P.	M. MONTH DA	AY YEAR 19			RED (ENTER NATURE OF		IEM 18 PAR	1 OR PART 2)	
1	21d INJURY OCCURRE	(AT HOME, STE	OF INJURY REET, FACTORY, OFFICE, FA		21f LOCATIO		CITAC	OR TOWN		COUNTY	STATE
	saw the deceased abave, (1) swe) (die	his hospital) attended the alive on <u>August</u> b) (and in a live the bady)	30 19	86_, and		ur) opinion	ta Augus death occurred on th		. 19	nd Irom the	that (h (we) la couses stated
	226. SIGNARO DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN									221. DAJE	30-6
	22d. PHYSICIAN	IN GINN	DIAMPIC.	70		arylan	d General	Hos	pita.	1	
23	Burial, CREMATION, RI (SPECIFY) Burial	23b. DATE 9/5/80		NAME OF CEA			23d LOCATION CITY OF TOW Baltin			COUNTY	STATE
	FUNERAL DIRECTOR		ADDRESS	orth A	venue	SEP	4 1986	+AR 256. R	REGISTRA	(R'S SIGNA	HURE.

Wm. C. March F/H, Inc. 1101 E. North Avenue

DHMH - 16 60M 7/84 (VRA 15, 4)



D.GR		1	FOR			EDART	STATE MENT OF I		ARYLANI		VOIENIE		00) 1	V	2	
0.0		1-	STATE				EXAMIN				PDEAT	ш	la la	. !			
00-	1/221	1. DE	REGISTRAR CEASED NAME	FIRST	77120	MIDDLE		ER J	LAST	AILO			NOWNXX		DAY	YEAR	2b HOUR
	W .: 20.		PE OR PRINT)	Coorne				D-				OI.	ESTI-	1			25 HOOK
	NECESSARY, PLEASE UNERAL DIRECTOR. S FOR YOUR FILES. WITHIN 72 HOURS WESTON STREET.	3. SE	(14	RACE	5 DATE OF BIRTH		6. AGE (IN YE		OWN	IF UNDER	24 HRS. 20		MAIED	MONTH 8-2	27 1º	9 86 YEAR	2d HOUR
	REC JR F STI STI	0.02		WACE.	MONTH DAY	YEAR	LAST BIRTHD	MONTH		HOURS		RONOUNG	ED				3:09
	A NOTA			BLACK	08-11-19	01	85 YF	S.				DEAD		8-2		1986	p. M
	SE S		RTHPLACE (STA	IE OR	76 CITIZEN OF WH	AT COUN	TRY?	MARRI	ED NEVE	ER MARRI	ED D	BALTIMO	RE CITY O	R COUNT	Y OF DE	ATH	
	S S S S S S S S S S S S S S S S S S S		RYLAND		USA			WIDOW		DIVORC			more		,	131	MD
	LE REST	10 C	ITY OR TOWN O	FDEATH	11. NAME OF HOSE			, OR OTH	ER INSTITUTI	ION	120 USUA	L OCCUPA	ATION (TYPE	OF WORK		D OF BUS	
U	F ANY DELAY IS NECESSARY AND 3 TO THE FUNERAL DI SETAIN PAGE 5 FOR YOU HOULD BE FILED, WITHIN 77 RECORDS, ZUJW PRESTON		Baltimor	e			fayette	Str	reet				,,0 = , = ,				
5	AY DEL		AL RESIDENCE (#	IN NURSING HOME (OR OTHER INSTITUTION, GIV	RESIDENCE			13d INSIDE CITY	W 1 11117772	13e. STREE	T ADDRES	. "/	12	1	1	
21201	ANDER		RYLAND	130. COOK			TIMORE		YES TY	NO [1224		AFAYE	TTF S	TREE	7 T'	
á	F-25.8	-	ATHER'S NAME				E. E. C. S. A. S.		15 MOTHER	'S MAIDE				1111 0			
, W	SS I	1	UNKNOW	NT.	MIDDLE		LAST		FIR:		NOWN	MID	DLE	-	LA	ST	
BALTIMORE, MD.	AFTER DESIVE PAGES IN AGES IN		VAS DECEASED	EVER IN U.S. AR	MED FORCES?	16b. SOC	IAL SECURIT	NO.	17 INFORMA		NOWIN		ADDRESS		_		
LI W	S AFTER GIVE P. ITH FO PAGES IVISION		ES, NO, OR UNKNOW	N) HF YES, GIVE	WAR OR DATES)				TRAND	mmn a	(CODIII	1 100	/ 77	T A T3 A 37	to mar	n 0m1	0.000
	SOFE	UT	KNOWN	DEATHUE	1				JEANE	TIE	MCCKE	122	4 W.	LAFAI		ROXIMATE	REET
PRESTON ST.,			PART I DEA	TH WAS CAUSE	ly one cause per line to				0								AND DEATH
N O	JITHIN 24 HOI NCIL IN ITEM I NER ALONG VANSIT PERMI I'AL HYGIENE, REMOVAL.			IMMEDIA			oscler		Cardic	ovasc	ular	Disea	ase		-		-
EST	WAN AND WANTED		Conditions	if any, which	DUE TO, OR	AS A CON	SEQUENCE () 							10		
	UTED WITHI IN PENCIL I EXAMINER SIAL - TRANS O MENTAL I		gove rise	to immediate	(b)												-
201 W	AEN AEN CO.		lying couse	ating the <u>under</u> -	DUE TO, OR	AS A CON	SEOUENCE (OF.									
	PANA SO				(c)								2				130
RECORDS,	HOULD BE EXECUTED WITHIN ; RD "FENDING" IN PENCIL IN HIEF MEDICAL EXAMINER AL USED AS A BURIAL - REANSIT OF HEAITH AND MENTAL HY RIAL, CREMATION, OR REMO	z	PART 2 OTHER SIGN	IFICANT CONDITIONS	CONTRIBUTING TO OFATH B	UT NOT RELA	TEO TO THE TERM	NAL DISEASE	OR CONDITION	GIVEN IN PAI	tt 1 (a).				7 (4)		
EC.	- CREAT	MEDICAL CERTIFICATION	190 DATE OF C	DEDATION	Tial course	0115001											
N N	SHOUL CHIEF CHIEF E USED	Ş	IVE DATE OF C	PERATION	19b. CONDITI	ONFOR	WHICH OPER	ATION W	AS PERFORM	NED?					20 AU	ITOPSY?	
<u> </u>	\$ 8 5 B 5 B 5	E	al sylendal	CALICETUAL												s 🗆	ХХои
DIVISION OF VITAL	CERTIFICATE SH NITING THE WOR DED TO THE CH E 3 SHOULD BE L E DEPARTMENT COMMENT COMME	Ü	210. EXTERNAL UNDERLYING		21b. TIME OF HOUR A.M.		DAY YEAR	21c HC	OW INJURY C	OCCURRE	D (ENTER NA	TURE OF INJU	RY IN ITEM 18 P	PART 1 OR PAR	[2]		
ON	E C C S S S	3	CONTRIBUTING	CAUSE OF			19										
VIS	DEP 3S	AE FB	ZId. INJURY OC		ZIE PLACE O STREET, FACTO				CATION			CITY OR TOW		cou	NITY		STATE
	SEA SES			NOT WHILE								C117 OK 10 17			111		SIAIE
	R: TI VIE, D: 2		22a. L certify	that I taak chara	e of the remains desc	ribed abo	ve held as	Autap	v \square	Inspection		Inquiry }	(X) and	d in my api			
	NO TOTAL		deoth resulted		1773	Accident		cide	. Homicid		_	mined mon		а ін ту арі	nian		
	P B B B B B B B B B B B B B B B B B B B		Geom resoned	A /	-	. 1/		cide	TITLE (SPE		Onderen	mmed mon	ner,				
,	₩ N N N N N N N N N N N N N N N N N N N		ACTUAL	VIDIL	10.15	Me	100			,				DATE	8	-28-	86
74	SEA SEA	SIGNATURE WOULD WILL M.D. ASSISTANT MEDICAL EXAMINER SIGNED S										,	20	00			
	MED A 4	-	EXAMINER'S N	AME Marc	garita A.	Kore	11, M.I).	ADDRESS	111	Penn	St.,	Balto)., Mc	1.	2120	1
	TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, V PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE SIX BANTIMORE, MARYLAND, 21	23o.B	URIAL, CREMATH				IAME OF CEA				23d. LOC.						
07/84	BP	(:	BUR		9-5-86		ZION				BAT	TTMOR	E, MA	RYLAN	Ď	STA	re
25M		24 F	JNERAL DIRECT			111	7 2101	0.5.1		o. DATE R	EC'D. BY RI			STRAR'S SIG		RE	
	DHMH - 17 (VR A15 ME (5))	nno	NAME	DOON E	ADDRESS	D A T 175 T	WODE C	mp n n	7	OF	D 5	4000		Kanad		Pande	
	(. 11 2 10 11 (0))	BKC	MIN THOM	SUN F.	L. 191aW.	BALTI	MUKE S	TREE		SE	P D	199	1 1	43.004	100	1.1.	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR - STATE **CERTIFICATE OF DEATH** REGISTRAR REG. NO 2a. DATE OF DEATH I. DECEASED NAME MIDDLE MONTH DAY YEAR 2b HOUR [TYPE OR PRINT] 6 3. SEX 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH YEAR 19 10) 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH I STATE OR FOREIGN MARRIED NEVER MARRIED WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126. KIND OF BUSINESS OR (TYPE-OF WORK FOR MOST OF WORKING LIST INDUSTRY USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE PESIDENCE BEFORE ADMIT 130. STATE HIST COUNTY 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? Balt. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 16b SOCIAL SECURITY NO. 17. INFORMANT (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one couse per line for (q), (b), and ic PART I. DEATH WAS CAUSED BY e u long IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Adenoca (MOA) tastone Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 FICATION CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF CERTI YES NO F 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 71n ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21f LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET WHILE NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from 1414 sow the deceased alive on_ , and that in (my) (our) apinion death occurred on the date and hour and from the causes stated did not i view the body ofter death 27t DATE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS (01 and REMOVAL COUNTY BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

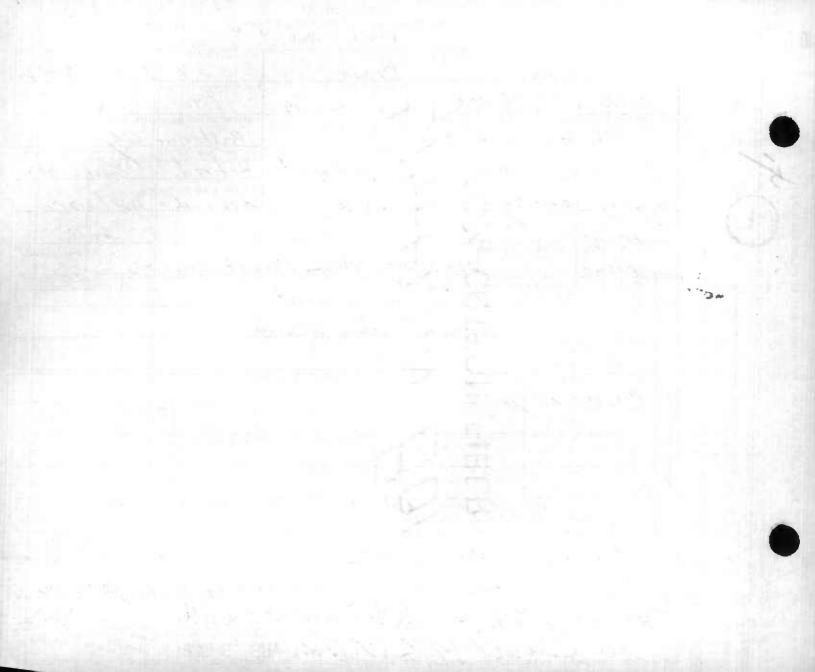
FUNERAL

0

should be with the S IMPORT

2

*



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

21	501	REGISTRAR		CERTIFIC	AIE UT DEATH	REG. NO		, "				
		EASED NAME FIRST	MIDDLE	LAST		20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR				
Į	(TYPE	orprinti, Nathan,	ref K.	Br	own	08	11 86	1018 AM				
	1. SEX	4	RACE	5. DATE OF E		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR					
ij		Male	Black	MONTH 10	25 08	77	RS MONTHS DAYS	HOURS MIN.				
1			& CITIZEN OF WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY OR COL	NTY OF DEATH					
9		Kentucy	USA	WIDOWED [DIVORCED	Baltimore city MO.						
	TI CII	TY OR TOWN OF DEATH	 NAME OF HOSPITAL, NURSIN LIE NOT IN SUCH FACILITY, GIVE STREET. 		OTHER INSTITUTION	12a USUAL OCCUPATION ATTE OF WORK FOR MOST OF WORK	176 KIND C	OF BUSINESS OR ST				
-	Bo	attimore	Baltimore	Cour	tu General	Ketined	P	sparrow:				
1	Jo. S		THER INSTITUTION GIVE RESIDENCE BEFORE		d. INSIDE CITY LIMITS?	13e STREET ADDRESS ZZIP C	CODE	21214				
2	110. 5	Md	D 11		ES NO	3426 PIE	amont	Avenue				
	14. FA	THER'S NAME		15	MOTHER'S MAIDEN NAM							
0	u	Jillian "	H. Brow	00	Estelle	WIDDLE	ŁA'	ST				
		AS DECEASED EVER IN U.S. ARM		RITY NO. 17	INFORMANT	ADDRESS	0.					
3	14ES. NO PRIUNKNOWNI (14 YES GIVE WAR OR DATES) 212-10-1306 Freida Brown 3436 Piedmont Avenu											
	18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c). APPROXIMATE INTERV. RETWEEN ONSET AND D											
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE 10) Cardio primonary arest											
2												
	Conditions, if any, which (b) ON MMAY V Embolica											
		gave rise to immediate cause (a), stating the										
		underlying cause lost	DUE TO, OR AS A CONSEQUENCE OF									
		PART 2 OTHER SIGNIFIC ANT CO	ONDITIONS CONTRIBUTING TO D	DEATH BUT NO	OT PELATED TO THE TERM	INIAL DISEASE OF CONDITION	I COVEN IN DART I					
7		Renal fa	; lune,	Hype	itension	Diabetes	Mell	4 7				
	CAT	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION V	VAS PERFORMED /		FYES, WERE FINDI					
	E I					YES NOW	ERTIFYING CAUSES YES	NO [
	8	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	2	t. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITE	M 18 PART I OR PART 2)	Contract to				
	4	OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. MONTH DA	AY YEAR								
	90	21d INJURY OCCURRED	21e PLACE OF INJURY		II LOCATION							
	星	NOT WHILE AT WORK	(ATHOME STREET FACTORY OFFICE F	ARM ETC)	STREET	CITY OR TOWN	COUNTY	STATE				
I	1	22a certify that (this hospita	al) lattended the deceased from_	9	1 19 4	e. to 2 - 11	19.86	that (I (we) last				
		saw the deceased alive on_	R - 11 19 8	, and	hat in (my) (our) apınıan c	deoth accurred on the date one	haur and from the	causes stoted				
		276 SIGNATURE	view me body offer deoth.	DE	GREE		224 DATE	SIGNED/				

ATTENDING PHYSICIAN 12 ADDRESS

MEDICAL STAFF DIRECTOR PHYSICIAN

DHMH - 16 60M 7/84 (VRA 15, 4)

8/14/86

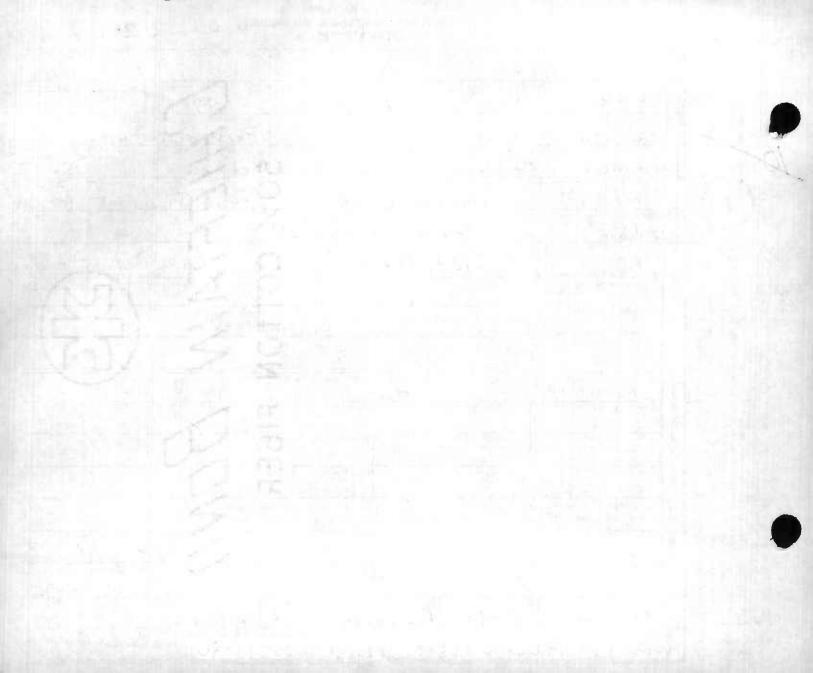
73 NAME OF CEMETERY OR CREMATORY

23d LOCATION

24. EUNERAL DIRECTOR

43000

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE
AUG 13 1986



death certificate be

that

OR ATTENDING PHYSICIAN: The

HOSPITAL 0 BP

may be

should be filled

MPORTANT: If them 21 is marked or them 18 shows any injury, ar ather traumatic event, the medical exa TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cashould be detached for use as the burial-transit permit. Then please remove carbompapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENS

	450				
0	2	2	- 1	1	
RE	G. NO.	6100			

	REGISTRAR				CERTIF	ICATE OF	DEATH		REG. N	10.			~	
	CEASED NAME	FIRST	Α.	AIDDLE	ı	AST		2ª DATE O		MONTH	DAY	YEAR	26 HO	UR
{TYPE	OR PRINT)	HOWARI)		BUCK	INGHAM		Lemin		8 2	21	86	111.	00A
). SE		10,1111	4. RACE		5. DATE C			6. AGE (IN	YEARS LAST BY			DER I YEAR		R 24 HRS
	MALE		WHI	mr:	MONTH		YEAR	1	_		MONTH	HS DAYS	HOURS	MIN.
7a BI	RTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF		RY? 8	11		9. BALTIMO		YRS OR COUN		DEATH		
-	OUNTRY)				MARRIE		MARRIED -							
	MARYLAND ITY OR TOWN OF DEA	TH	U.S.A		WIDOWE		NORCED [Bal	timor			2b. KIND O	E BLICIA	M
			(IF NOT IN SUC	H FACILITY, GIVE ST	TREET ADDRESS)	OTTLER HAS	MIONON	(TYPE OF WOR	RK FOR MOST		G LIFE) IP	NDUSTRY		
A4~11	Baltimore AL RESIDENCE (IF NURS	ING HOME OF			Street			Chau	ffer			Trucl	king	
	STATE	13b COUN		136 CITY OR T		13d. INSIDE	CITY LIMITS?	13e STREET	ADDRESS	/ ZIP CO	DE			
	Maryland			Baltin	more	YES 🔀	NO 🗌		Sext	on St	tree	t 2	1230	
14. FA	ATHER'S NAME FIRST		MIDDLE	LAST		15. MOTHER	'S MAIDEN NA	ME	WIDDIE			LAS	1	
9	Gaylord	-46		Bucki	ngham	L	ottie					Dar	vis	
	VAS DECEASED EVER		MED FORCES?	166 SOCIALS	ECURITY NO.	17 INFORM	ANT		ADDR	ESS				
,	YES	W		218-03	3-2232	Ruth	N. Buck	kingha	m 16	29 Se	exto	n St.	. 2	123
	18 CAUSE OF DEAT	H (Enter on	ly one couse per	line far (a), (b)	, and ici.)	1 1	1					BETWEEN		RVAL D DEATH
	PART I. DEATH W		D BY: TE CAUSE (o)		(erd	ac a	Tre ST	'			TA.	nnt	- 4
		MACOIA		16 1 501155	OUTLIST OF	Ada	00 0	hod 1.	and !	1100	I	V.		0.40
	Conditions, if ony,	which	DUE 10, 01	R AS A CONSE	OUENCE OF	12	0-0	1 4 5	INC	cinas	DA	14	LOW	7
	gove rise to imn cause (a), statin	nediate	10)			TONO	M. C. V	· 0/	1	-	101		00	^
	underlying cause		DUE TO, OF	R AS A CONSE	OUENCE OF	DIV	inclis	mul	nuns			4	eur	RO
	PART 2. OTHER SIGN	JIFIC ANT C	ONDITIONS CO	NITPIRITING	TO DEATH BUT	NOT PELATE	D TO THE TERM	INIAI DISEAS	E OR CON	IDITIONIC	CHVENIII	NI DADY 1.		
Z		1111111111	0.101110113	711110011110	TO DEALL BOT	TOT KELATE	D TO THE TERM	IIINAL DISEAS	SE OR COI	10111014) IVEIV II	Y PART TI		
CERTIFICATION	19a DATE OF OPERA	TION	19b. CONDI	TION FOR WH	IICH OPERATIO	N WAS PERFO	DRMED	29a AUT	OPSY?	20b. IF Y	YES. WE	RE FINDIN	NGS USE	-D
IFIC								VEC 🗆	Dou	IN CER	RTIFYING	CAUSES	OF DEA	TH?
ERT	21a. ACCIDENT WAS UND	DERLYING T	21b. TIME O	FINIURY		121r HOW II	NJURY OCCUR	YES	NO[]		YES [OB 8 487 31	NO [
-	OR CONTRIBUTING	AUSE OF DEA	HOUR A.	M. MONTH	DAY YEAR		13011 000011	TEINIER IN	KIONE OF HAN	JAT IN HEM I	D FARITI	ON FARTE		
MEDICAL	(IF EITHER, NOTIFY MEDIC		21e PLACE (19	211 LOCATI	ON			1111				
MEC	WHILE NOT WH			EET, FACTORY, OFF	ICE, FARM, ETC.)	STREE	ī		CITY OR TO	NWC .		COUNTY		STATE
	AT WORK AT WOR	RK			706 1	11,07			4 (12)	00 7	61	90		
	220.1 certify that (1)		21111	11 - 7/	I D D d	0 11911	2 , 19	, to	- Wall	11 4	2. 19_	طه	that (I)	(we) la
	saw the decease above, (I) (we) (z	didive an	t) view the body	alter death	9 1936 ar	nd that in (my) (aur) apinian	death accurd	ed an the a	lote and h	ioui ond	I from the	couses st	tated
	226. SIGNATURE	111	1/1	MIN. M	11110	DEGREE	A T T T . 10 to 10	1,				22c PATE	SIGNED	101
		NU	MW	IVINO	NUNI	0.0	ATTENDING PHYSICIAN	MEDICAL	STA			NUC	1.002	· lex
	228. PHYSICIAN'S NA	AME (TYPE C	R PRI			22e ADDRE	SS	= 100						4
	Henry Arr	nanas		1,020		1934	Wilkens	s Aven	ue					
	URIAL, CREMATION,		23b. DATE	1	3c NAME OF C			23d LOC	ATION					
	SPECIFY) Buria	a]	8/25/	86	Crowner	ville V	Jet. Cer		wnsvi	11e	A.A	YINUY Ma	arvl	and
24 Ft	JNERAL DIRECTOR	4.4	01231					E REC'D. BY			ISTRAR"	SIGNAT	URE	
TT	NAME	-mal 1	Tomo In	ADDRE	SS Table 1 leas	21229	11	NG 2	5 198	6		widow.		Lake.

4107 Wilkens Ave

DHMH - 16 60M 7/84 (VRA 15, 4)

Hubbard Funeral Home, Inc.



the state of the s NAMES AND DESCRIPTION OF THE PARTY OF THE PA Telegraphy and the constitution of the constit Cor. page 3 C.

STATE OF MARYLAND

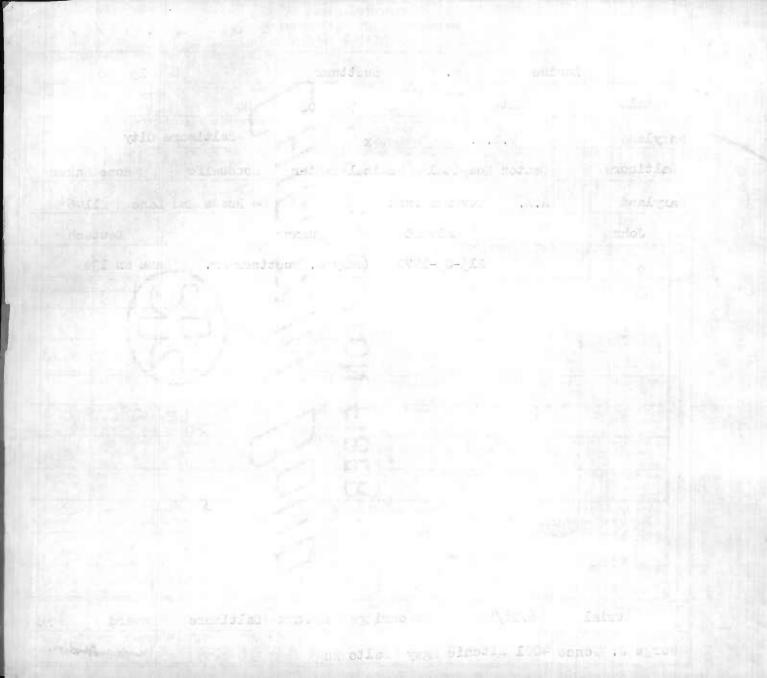
23

	1-	STATE REGISTRAR	fin 1		DEPARTA		ICATE OF DEAT		REG. NO	C. C.	1 /	1
		OR PRINT)	Louis		M.	l	Buettner		20. DATE OF DEATH		25 86	2b. HOUR
	3. SEX	Female	4.	RACE White		5. DATE C	DAY Y	EAR 02	8. AGE (IN YEARS LAST BIRT		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.
9	C	RTHPLACE (STATE OF	R FOREIGN 78		WHAT COUNTRY?	8. MARRIE	D NEVER MARRI	IED 🗆	Baltimore city o	_		
1)0 CI	TY OR TOWN OF DE	12	1. NAME OF H	HOSPITAL, NURSIN	ADORESS1	or OTHER INSTITUTION	ON	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Housewife	ON F WORKING LIFE	126 KIND C	of BUSINESS OR Maker
	130 S Ma.	ryland	135 COUNT	HE INSTITUTION.	136 CITY OR TOWN Severna	N.	136 INSIDE CITY LIA	X	3 STREET ADDRESS / 84 Roads E	ZIP CODE		1146
1	/	John		DOLE	Calve			san	WIOOFE		Deu	tsch
7		VAS DECEASED EVE		ED FORCES?	215-05-1		Henry J.	Buet	ttner Jr.		e as l	3e
	OF	Conditions, if one gove rise to in couse (a), stati underlying cous	MAS CAUSED IMMEDIATE y, which mediate ing the e lost. NIFICANT CO	DUE TO, OF	R AS A CONSEQUE R AS A CONSEQUE CA ONTRIBUTING TO D	NCE OF ON ATT	c canc	EN HE TERMIN	VAL DISEASE OR COND 200 AUTOPSY? YES TO NOTE:	206 IF YES	3 3 EN IN PART THE	NGS USED 6 OF DEATH?
	MEDICAL	21a. ACCIDENT WAS UP OR CONTRIBUTING (IF EITHER NOTIFY MEE 21d. INJURY OCCUP WHILE NOT WAT WORK 22a. I certify that (I saw the deceo above THE (We) 22b. SIGNATURE	CAUSE OF DEATH DICAL EXAMINER) RRED WHILE DRK ORK ORK ORK ORK ORK ORK ORK ORK ORK O	P./ 21e PLACE ((AT HOME STR	M. MONTH DA M. DF INJURY EET, FACTORY OFFICE, FA eleccosed from 10	19 ARM. ETC }	211 LOCATION STREET 19. d that in (m) (our) of DEGREE	opinion de	CITY OR TOV	VINITEM 18 PA	COUNTY	
	23a BI	224. PHYSCIAN'S N	1. R		-0 SON 0	90	22e ADDRESS	RITU	DIRECTOR PHYSICI	HE VOICE	+40. M	2121
	24 FU	DERALDIRECTOR OTE J. G		23h DATE 8/28/8	36 Me	adowr	idge Mem 1	Park	Baltimore REC'D. BY REGISTRAR	256 REGISTE	oward RAR'S SIGNAT	STATE Md.

DHMH - 16 60M 7/B4

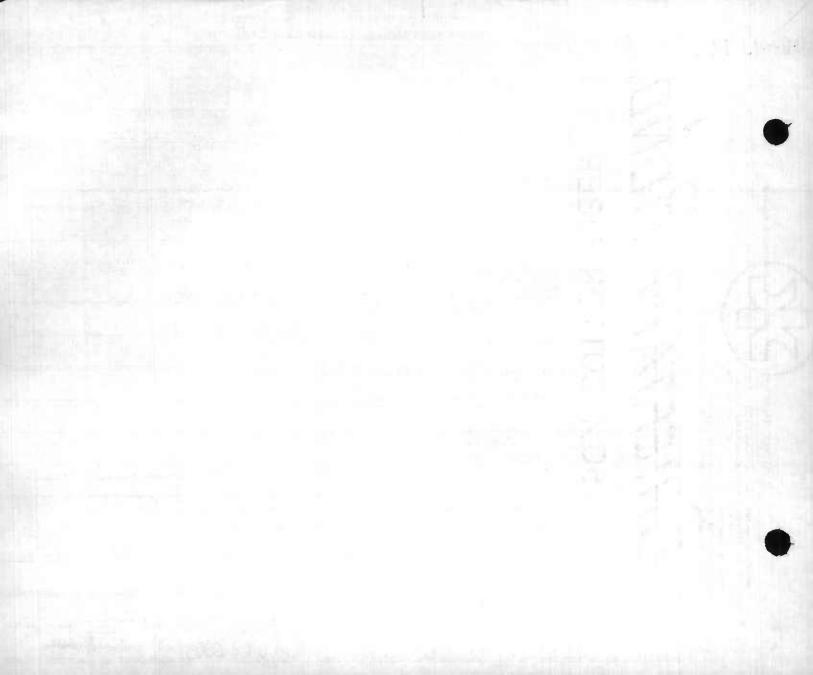
BP.

(VRA 15, 4)





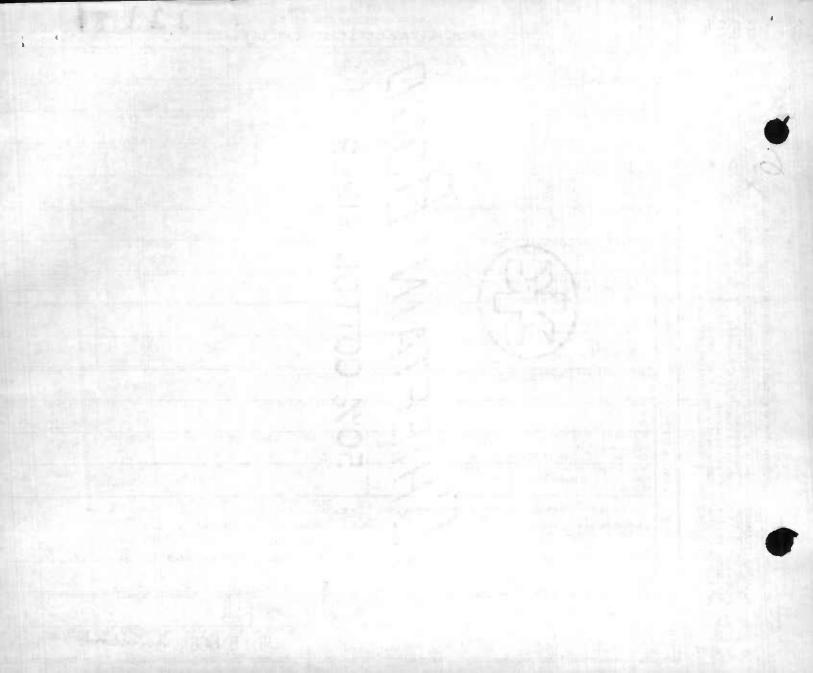
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTALHYGIENE
MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR - STATE REGISTRAR REG NO DECEASED NAME 20. DATE KNOWN 75 HOUR (TYPE OR PRINT) EST1 HOURS STREET, DEATH MATED 8/ 19 86 Ralph Burke 8/ 4 RACE IF UNDER TYR. 3. SEX 6. AGE (IN YEARS IF UNDER 24 HRS DATE 2:06 LAST RIPTHDAY PRONOUNCED DEAD Male White 1 - 12 - 191769 8/ 1986 PM TO BIRTHPLACE (STATE OR TE CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED North Carolina U.S.A. WIDOWED [DIVORCED Baltimore City 10 CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK II NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 17h KIND OF BUSINESS HE NOT IN SUCH FACILITY GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) OR INDUSTRY Key Medical Center Security Guard Baltimore State of Md. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE Balto. 13d INSIDE CITY FINITS? 13e STREET ADDRESS 1136 COUNTY 5400 Gerland Ave. -21206 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE George Anderson Burke Callie Jones 17 INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 246-07-1041 Mrs. Dora B. Burke 5400 Gerland Ave. -21206 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to Diabetes Mellitus, Carcinomatosis 19 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? WRITING THE ONE WRITING THE ONE MARCED TO THE ONE PAGE 3 SHOULD BE USE TATE DEPARTMENT OF YES 1 NO X 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 211. LOCATION 214 INJURY OCCURRED 21e PLACE OF INJURY (ATHOME NOT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN STATE WHILE AT WORK Inspection X EXECUTE THE PAGE 4 SHOULD BE TO FUNERAL DIRECTOR.
TO FUNERAL DIRECTOR.
AFTER DEATH WITH THE PALTIMORE. MARPILANS 220 I certify that I took charge of the remains described above, held an Autopsy Inquiry death resulted from: Accident Suicide Homicide ___ Undetermined manner TITLE (SPECIFY) ACTUAL 8/9/86 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. 111 Penn St. (TYPE OR PRINT) 23d LOCATION 230 BURIAL CREMATION, REMOVAL 236 DATE 23r NAME OF CEMETERY OR CREMATORY Buria1 8-12-86 Gardens of Faith Cem. Baltimore, Md. -21206 07/84 BP 25M 250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH - 17** whia Davidson Mandale (VR A15 ME (5)) John C. Miller Inc.-6415 Belair Rd.-21206



WELDER II. BURNS 38 THE STEER SHE SHE Along the first the second

		1	# 18,22 FOR	d, Flill	1013	21.00		STAT MENT OF I		MARYLA!		WOIENE		7	1 5	7 4	
0-1	5534	1-	STATE					EXAMIN						- di	A. Same	OF	
0			REGISTRAR CEASED NAME	FIRST		1116	MIDDLE	-AAMIII	EK 3	LAST	CAIL		1	REG. NO.	MONTH	DAY YEAR	12b, HOUR
	Walassa	(TYP	E OR PRINT)	Char			E.		т) 1 A			OF DEATH A	E511-			
1	SELEAS SEE	TISEX		Stev 4. RACE		OF BIRTH	E •	6. AGE (IN YEA		Butler	IF UNDER	24 HRS 2	DATE	MAILU [момтн	10 1986	
X	A STEEL	m	ale	black	HTHOM	DAY	1040	LAST BIRTHDA	MON!		HOURS		RONOUNC	ED	0	1000	11:26
10	ALD YOU STOOM	To BI	RTHPLACE (ST		7h. CITI2	19 ZEN OF WH	1948		0			- 9		RE CITY OR		10 1986	рм
	885 K3S			d	U	SA			WIDOV		DIVORC	ED	Bal	timore	e Cit	у	MD
1	大学	10. CI	TY OR TOWN	OF DEATH				REET ADDRESS)	, OR OTH	HER INSTITU	MOITI		AL OCCUPA OST OF WORKH		DF WORK	21 KIND OF E	USINESS
0	Mary Z		Baltim			Sina	i Hos	spital								e lectro	nic's
2		.3a. S	TATE Md	IF IN HURSING HOME		STITUTION, GIV	13C CITY	ORTOWN timore	014)	13d INSIDE O		13e STREE	457 CO	s ottage		215	
6	3.3.		THER'S NAME				Dat	c mior e		YES A	NO [+37 ((riage	AVEI	nue	
E,	AN SERVICE THE		Paul		MIDDLE		But	ler			lara	TIA IAWAIE	MIDI	DIE		Jones	
AOR	A A G B	1áa. V	VAS DECEASED	EVER IN U.S. AR				IAL SECURITY	NO.	17. INFOR				ADDRESS		oones	
BALTIMORE	JRS AFTER B. GIVE PA WITH FOR T. PAGES I DIVISION	(Y)	es, no, grunkno NO	WN) (IF YES, GIVE	WAR OR DA	TES)	216-	52-409	9	Jeanr	netter	But	ler 3	3457 C	otta	ge Ave	nue
	J		18 CAUSE OF	F DEATH (Enter or ATH WAS CAUSE	nly one cou	use per line	for (o), (b)	ond (c).)								BETWEEN ON	ATE INTERVAL
NO	24 HO ITEM 1 ONG PERM SIENE VAL				TE CAUSE	(0)	-	dosis		Destrict						Tay III	
EST	TED WITHIN 24 IN TEAMORINE ALON XAMINER ALON AL - TRANSIT PER MENTAL HYGIE N, OR REMOVA		Condition	s, if ony, which		UE TO, OR	AS A CON	SEQUENCE C	OF.	O.						16.	
4	NITH NCIL RAN RAN R RE		gove ris	e to immediate	.)	(b)											
2	UTED WITHIN PENCIL IN PENCIL IN PENCIL IN PENCIL IN TALL IN TA		lying cou	stating the <u>under</u> se lost,	DI	UE TO, OR	AS A CON	SEQUENCE C	OF .								
5,2	AL EN		PART 2 OTHER CIT	SNIFICANT CONDITIONS	CONTRIBUTU	(c)	HIL MAY BEAL	TO TO THE YEAR									
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	ULD BE EXECUTED WITHIN ; "PENDING" IN PENCIL IN ED AS A BURIAL - TRANSIT HEALTH AND MENTAL HYSI L, CREMATION, OR REMO	Z	THE TOTAL SIGNATURE	ANTICANT CONDITIONS	CONTRIBUTION	NO TO DENTIL	OI NOT RELA	IED ID INE IEKMI	MAL DISEAS	E DK COMDITIO	IN GIVEN IN PA	KT I (a					
2	CERTIFICATE SHOULD BE INTING THE WORD "PENDID BORD TO THE CHIEF AEDIDED TO THE CHIEF AEDIDED AS AS AS HOULD BE USED AS A BE DEPARTMENT OF HEALTH OF PRIOR TO BURIAL, CREATED TO THE STANDARD TO BURIAL, CREATED TO THE STANDARD TO THE STANDAR	MEDICAL CERTIFICATION	19a. DATE OF	OPERATION	19	b. CONDIT	ION FOR V	WHICH OPER.	ATION W	AS PERFOR	RMED?					20 AUTOPS	Y?
IX.	HOUI HIEF USEE OF H	FF	CLUV.														NO 🗆
, F	WO WO BE	CER		L CAUSE WAS		b. TIME OF		5.7-1.01		OW INJURY	OCCURRE	D JENTERNA	ATURE OF INJUR	RY IN ITEM 18 PA	RT I OR PART		. 140
ONO	ART OUT A	- X	UNDERLYING	OR CAUSE OF		HOUR A.M. P.M.	MONTH	DAY YEAR	100								
VISIG	IS CERTING REDED 1 GE 3 SH TE DEPA	ED	21d INJURY C	CCURRED	2	STREET, FACT		(AT HOME.		CATION							
ā	E, WRIT EWARDI E WARIT EWARDI PAGE STATE STATE PAGE (2	WHILE AT WORK	NOT WHILE		SIREET, FACT	JRT, FARM, ET	C.)		DINEEL			CITY OR TOWN	3.77	COUN	NTY	STATE
			22a I certif	y that I took char	ge of the re	emoins desc	ribed obo	ve, held on	Autop	Sy_K	Inspection	n 🔲 ,	Inquiry [in my opir	nion	
-	EXAMINER: CERTIFICATE VUID BE FOR 1, WITH THE S MARYLAND,		death resulte	d Irom: Notu	ral couses		Accident	L, Sui	cide	, Homi	cide .	Undeter	mined mon	ner,			
	EXA CERT CERT DULD E L DIRE		ACTUAL	11/		-1	1				PECIFY)				DATE	0/11	100
Cm.	SE STATE		SIGNATURE_	11/1			-		N	.D. ASS	Istant	MEDIC	CAL EXAMIN	VER	DATE	8/11/	86
	TO MEDICAL EXAM EXECUTE THE CERTI PAGE 4 SHOULD B TO FUNERAL DIRE AFTER DEATH, WITH BALTIMORE, MARY		EXAMINER'S I	IT) V	Villia	ám M.	Zane	, M.D.		ADDRESS_	111	l Penr	n St.	Bal	to.MI	o.	
		23a.Bl	JRIAL, CREMAT	mation	23b. DATE Q / 1	0/06	23c. N	AME OF CEM	AETERY C	RCREMAT	Dank	23d LOC		11	COUNT	Υ	STATE
07/84 25M	BP 25.3				0/1	0/00	WE	estview	Mem	orial			önsvi				a Md
ZOM	DHMH 17		NERAL DIREC	_{tor} Ineral Ho	ama III	ADDRESS	1200	Mahach	A.,	2110	AUG	TEC'D. BY R	1986	256 REGIST	RAR'S SIC	GNAHURE	Be .
	(VR A15 ME (5))	I _A I	arch ru	meral Ac	лие W	621	4300	wabash	Ave	nue	700	10	1300	1			

0.2 71.1-4



									MARYLAND					0	3	
0			OR			DEPART/	MENT OF	HEALTH	AND MEN	NTALHYGIE	NE	2 2	1	3	la .	
0 - 6	1791		STATE		Mi	EDICALI	EXAMIN	ER'S	CERTIFIC	ATE OF DE	ATH	REG. N	40		A	
	1131		EASED NAME	FIRST		MIDDLE			LAST		2a DATE		_	DAY	YEAR	26. HOUR
	W 1 100 0	(TYPE	OR PRINT)	**! - 1		70.75			. 11 1		OF	ESTI- MATED			00	
	ROSE STATE			Viola		М.	1.105		Callaha				MONTH	28 I	19 86 YEAR	M
	CHEET PER	3. SEX		. KACE	S. DATE OF BIRTI		6 AGE (IN YE			UNDER 24 HR	PRONOU	NCED	MONTH	DAT	TEAR	2d HOUR
04	\$255g	Fen	nale	White	Apr.18	3.02	84 Y	RS.			DEAD	D	8	28	1986	10:20
-	がまた 単語 つ /		THPLACE (STA		76. CITIZEN OF V		TRY?	8 AAADD	IED NEVE	R MARRIED	9. BALTIA	AORE CITY	OR COUN	ITY OF DI	EATH	
-	STANGER TO	Ma	rylano	i	US	S A		WIDOW		DIVORCED [l Ba	ltimor	o Cit	-57		
	Z2503		Y OR TOWN O		11. NAME OF HO		RSING HOM				ISUAL OCCU			12b KIN	D OF BUS	MD.
	SOUTH PAGE				-{ IF NOT IN SUCH	FACILITY, GIVE ST	REET ACCRESS)			FC	OR MOST OF WO			OR	INDUSTR'	Υ
	4 HOURS AFTER DEATH. IF ANY DEATH TEM 18. GIVE PAGES 1, 2, AND TOTH ONG WITH FORM PM 3. RETAIN PREMIT PAGES 1 AND 2 SHOULD BE FISHE, DIVISION OF WALL RECORDS.	115114	Baltimo	OTE F IN NURSING HOME O		Villia			o.Md.a	21230	Hon	emak	er			
5	そのとうのつん	130 ST	ATE	13b COUNT		13c CITY	OR TOWN		134. INSIDE CITY	LIMITS? 13e S	TREET ADDR	ESS		21	1230	
2120	A M M O M	Mar	yland		-	Balt	timor	е	YES TY	NO 1	516 W	illi	am S			Md
9	1. IF	14. FA	THER'S NAME						15 MOTHER	S MAIDEN NA	ME					
w w	ESS DE		Joseph	2	MICICLE		ler		FIRS'	nma	c '	WIDDLE	aho		AST	
BALTIMORE, MD.	A A A A	16a. W	alte	EVER IN U.S. ARA	AED FORCES?		IAL SECURIT	Y NO.	17. INFORMA		D .	ADDRES	Bal	rlto	// O	1071
AIT.	AE SES		S, NO, OR UNKNOW					704	T		~			LO . IV	10.2	1204
N N	S A GIV					212-		[1]	Lawre	ence H	.Conn	er,87	225.	Laur		Dr.
	SE NE C		18 CAUSE OF	DEATH (Enter and	NOV.									BETW	PROXIMATE EEN ONSET	AND DEATH
Z	N 24 HOUR N ITEM 18. ALONG W IT PERMIT. YGIENE, D		TARTIDEA	IMMEDIAT	E CAUSE (a) H	perte	nsive	card	iovascu	lar dis	ease					
018	0-1-0-	100			DUE TO, C	R AS A CON	ISEQUENCE	OF								
	ER INS			, if any, which	0.5											
. ×	N S S S S S S S S S S S S S S S S S S S			ta immediate	(b)	R AS A CON	SEQUENCE	OF				7				
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	HOULD BE EXECUTED WITHIN 24 HOURD "PENDING" IN PENCIL IN 11EM 11 HIEF MEDICAL EXAMINER ALONG USED AS A BURIAL - TRANSIT PERMI OF HEALTH AND MENTAL HYGIENE, IRIAL, CREMATION, OR REMOVAL.	150	lying cause	e last.												
S, 2	N N N N N N N N N N N N N N N N N N N		BARL 2 OTHER CICA	WIELCAND COMOTTIONS	(c)	II BUT NOT BUT	Yea 20 2112 2221									
5	ID BE EXECTED BY WED BY A BUILD BY A BUILD BY A BUILD BY A BUILD BY CREWATI	7	PART 2 UTHER SIGN	VIFICANT CONDITIONS	CONTRIBUTING TO CEAT	H RUI NUI KELA	IEO IO INE IEM	AINAL OISEAS	E OR CONDITION G	IVEN IN PART 1 a.						
2	A A A S A S A S A S A S A S A S A S A S	9							- 10	1		951				
=	A HERE	131	190. DATE OF	OPERATION	196 CONE	DITION FOR V	WHICH OPER	N NOITAS	AS PERFORME	ED?				20 At	UTOPSY?	
E	SHOULD ORD "P	崔												YI	ES 🗆	NO IX
7	THE WORD THE WORD O'THE CHIE O'ULD BE USE RIMENT OF PRIO BURIA	CERTIFICATION	21a EXTERNAL	_		OF INJURY		21c. H	OW INJURY O	CCURRED LENT	ER NATURE OF IN	JURY IN ITEM I	8 PART 1 OR P.	ART 2)		
2	215255-		UNDERLYING	G CAUSE OF D		M. MONTH	DAY YEA	R								
Si	SHO TO TO TO THE	MEDICAL	21d INJURY O			OF INJURY		211 LO	CATION			173				
<u> </u>	S S S S S S S S S S S S S S S S S S S	WE	WHILE	NOT WHILE	STREET, FA	CTORY, FARM, ET	rc.)		STREET		CITY OR TO	NWO	CC	OUNTY		STATE
	WAR WAR VAR PATI		AT WORK	AT WORK	,											
	ATE, NE, PRE, PRE, PRE, PRE, PRE, PRE, PRE, PR		220. I certify	that I taak charge	e af the remains d	escribed aba	ve, held an	Autap	ısy 🔲, 1	Inspection	, Inquiry	X .	and in my a	pinian		
	NOTICE &		death resulted	Mran Natur	al causes	Accident	1165	picide	Hamicide	e l	determined m	opper				
	SETION OF SETION		1		07	71	1	1	TITLE (SPE							
	50000000000000000000000000000000000000		ACTUAL	10,11.	Nov #	ton 1	11/1	Ulla) "	1 1	e2 19		DATE	0_	-29-8	6
	SEX SEE		SIGNATURE	- Gran			1//	- LCC W	(D.ASS1S	LauL_M	EDICAL EXAM	MINER	SIGN	ED O	23-0	0
	NO NO NO	-	EXAMINER'S N	IAME De	ennis F.	Smyth	. M.D.		1	11 Penr	St.	Balto	. MI	0 212	201	
	A A LI		TYPE OR PRIN	1)					ADDRESS			201.00		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	TO MEDICAL EXAMINER: THIS CRRIFICATE SHO EXECUTE THE CERTIFICATE, WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CHIE TO FUNERAL DIRECTORE, PAGE 3 SHOULD BE US AFTER DEATH, WITH THE STATE DEPARTMENT OF BALTIMORE, MARYLAND, 21201 PRIOR,TO BURIA	23a.8L	DECIEVA TOTAL	ON, REMOVAL 2	- 1 - 1	-			R CREMATOR	Y 23d	LOCATION FY OR FOWN	A .	a col	UNITY	STA	TE
07/84	BP	5-7	Bu	rial [9/2/198		dar H	iill	Cemt.		Balto	. A . A	. Co.I	Ma.		76-1
25M	DHMH - 17		NERAL DIRECT	24.		21230)		250	a. DATE REC'D.	BY REGISTRA	AR 25b REC	SISTRAR'S	SIGNATU	JRE	
	(VR A15 ME (5))	Mc	Cully	Funera	1 Home	130 H	Hor	t Av	0	CED W	inno	10	Think	. 70	Indella.	
					,	. , , ,	TOT.	V.AV	V	ULF			11 21 21	Call Cont.	S. S. Landon	

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIEN

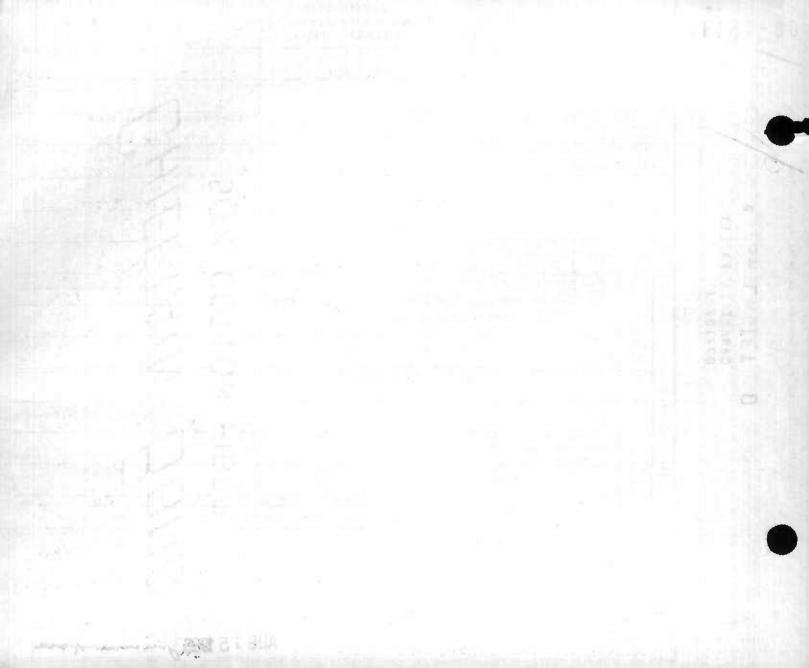
DEPARTMENT	OF HEALTH	AND N	MENTAL	HYGIENE	
CF	RTIFICATE	OF D	FATH	13	S.

		. 7	- 7
of 3	1.0	1 4	3
G. NO.	lug	1	
G NO		1	

00-1500	01	FOR	DEPARTA	STATE OF MARTLAN		1 13
00-1560	J' .	STATE REGISTRAR		CERTIFICATE OF DE	ATH O O REG. NO	5.
n m#		CEASED NAME FIRST	MIDDLE	A LAST	2a DATE OF DEATH	MONTH DAY YEAR 26 HOUR
oy be	1.00	Be+	Tane	Lampbe 5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRT	B 14 86 1,26 A
offer a	1.5E	7	1. RACE	MONTH DAY	2º1 64	MONTHS DAYS HOURS MIN.
Poge #	Jar B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	1	9 BALTIMORE CITY O	R COUNTY OF DEATH
deoth.	1	Maryland	USA		PRCED Balti	more City MD.
by the f	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		A LIMPE OF WORK FOR MOST OF	EWORKING HEEL INDUSTRY
	#SU.	AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ev Med. (ev	Housewi.	
filled in ould be	13a. S	Yayland Ba.	timore ESSC		LIMITS? 13. STREET ADDRESS /	ZIP CODE LY ROAS 21221
thin 2 sh	14 F/	THER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S M	MAIDEN NAME	LAST
Stone on the diagram of the diagram)	Helbert	Emmart	Evely	m	Dawson
ond co		VAS DECEASED EVER IN U.S. A	GIVE WAR OR DATES)			CIEBADCOMII, III
3.00 Se	-	NO DEATH END	220–16–		ail Holler -]	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
physic npape moval.	П	PART I. DEATH WAS CAU	SED BY: ATE CAUSE (a) IRESUM			243
th cer nding carbo . or re natice	н		DUE TO, OR AS A CONSEQUE			
e atter mave a notion traum	\mathbf{x}	Conditions, if any, which gave rise to immediate	(b)			
that the	J.	couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	NCE OF		
ned ple	3	PART 2 OTHER SIGNIFICAN	CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO	O THE TERMINAL DISEASE OR CON	DITION GIVEN IN PART TIG
The The	TION	Corenary 1	REPLY DISENSE	CIRence	PERAL FALLUR	r e
n. nos be permine pri	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHICH	PERATION WAS PERFORM	U _	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
iCIAN: The g physicial g physicial certificate h rial-transit lent 18 show	CERT	210. ACCIDENT WAS UNDERLYING		21c HOW INJU	RY OCCURRED (ENTER NATURE OF INJUR	YES NO
PHYSICIAN: The ending physicion this certificate I be buriol-transit of Americal Hygie dor Item 18 sho		OR CONTRIBUTING CAUSE OF D	CALL	Y YEAR		
	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F.	ARM, ETC) 211 LOCATION STREET	CITY OR TO	WN COUNTY STATE
or offer After the se as the calth and marked		AT WORK	pital) attended the deceased from_	8//3	10 36 10 8/19	10 06 that (1) was last
TTEN pitol TTOR for us of He		saw the deceased alive of	A /IV		ur) opinion death accurred on the do	ite and haur and fram the causes stated
L OR AT the hosp I DIRECT trached f e Dept. o e Dept. o		226. SIGNATURE	00 1-0	DEGREE	ENDING MEDICAL STAF	22c. DATE SIGNED
HOSPITAL O		22d. PHYSIGIAN'S NAME (TYPE	a Corde 11	PH'	YSICIAN DIRECTOR PHYSIC	IADE
TO HOSPITAL (retained by the retoined by the should be detain with the State [MAPORTANT: If		Grace 1	A. Cordts	FSKI	Mc, Baltin	nore My 22124
	23a E	URIAL, CREMATION, REMOVA		AME OF CEMETERY OR CRE	CITY OF TOWN	COUNTY <u>ST</u> ATE
BP	24 FI	Burial UNERAL DIRECTOR	Aug. 17, 1986 R	est Lawn Me		, Allegany, MD
DHMH - 16 60M 7/84 (VRA 15, 4)			Hafer, Jr. La	Vale, MD	AUG 1 9 1988	the variation goods

Pi vnemally aleval ambana am de Alesayy and Erlan

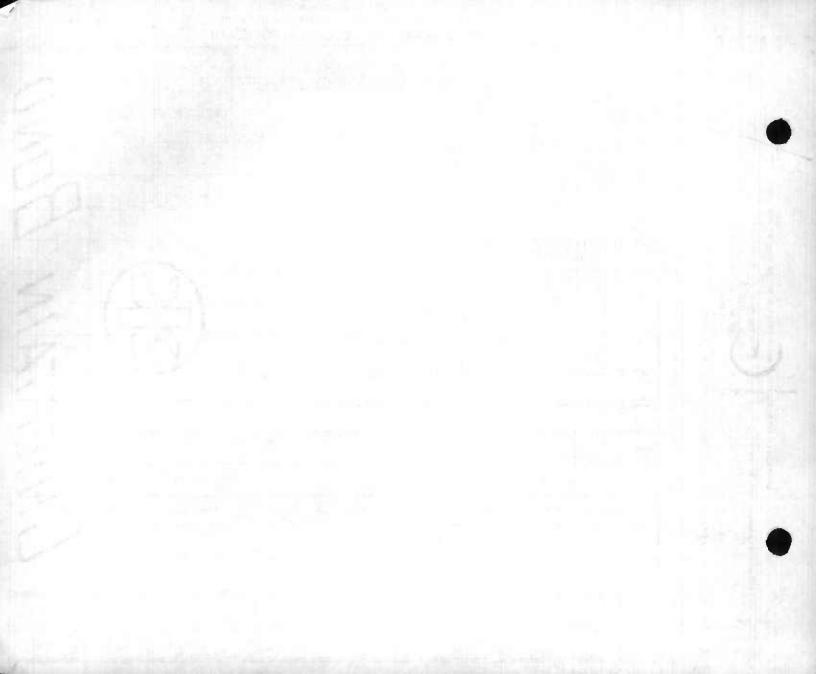
00-15410	1.	FOR STATE			DEF	PARTMENT	TATE OF MARYL OF HEALTH AND	MENTAL HYG	JIENE O	2 2	; 3	4
00 10110		REGISTRAR				CFI	RTIFICATE OF	DEATH		REG. NO.		
m c		CEASED NAME	FIRST	Dollar	MIDDLE		LAST		20. DATE OF D	EATH MONTH	DAY YEAR	26. HOUR
noy be poge 3			ARLE	Y	D.	C	AMPBELL	,	AUGI	JST 12.	1986	8:25 M
e se	3. SE	(TO S	4. RACE	7 1		ATE OF BIRTH	YEAR	6. AGE (IN YEAR		MONTHS DAYS	IF UNDER 24 HRS
ge 4	M				В		7 10	02	84	YRS	MONINS DATS	HOURS MIN.
- 6 51 Q		RTHPLACE (STATE OR FO	PREIGN	76 CITIZEN OF	WHAT COUN	NTRY? 8	RRIED NEVER	MAPPIED T	9 BALTIMORE	CITY OR COUN	TY OF DEATH	
	155	irginia		U.s.	а.			NORCED	BAT	TIMORE	CITY	MD.
		TY OR TOWN OF DEAT	Ή	11. NAME OF	HOSPITAL, N		ME OR OTHER INS	TITUTION	128 USUAL OC		12b. KIND C	OF BUSINESS OR
3 3 5	В	ALTIMORE					NS HOSP	TTAT.		Worker		-Steel
Pee Pee	UŚU.	AL RESIDENCE (# NURSIN	IG HOME OR	OTHER INSTITUTION	13c CITY OF	E BEFORE ADMISS	(13d. INSIDE C		1. 1. 1.	DRESS / ZIP COI		. 50001
AND 24		aryland	-			timore		NO 🗌		ontiplie		21218
ARYLA ARYLA Ominer		THER'S NAME		MIDDLE	LAS	.,	IS. MOTHER	S MAIDEN NA	ME			
MAI w	L	ouis		WIDDLE		pbell	Nan	FIRST	1 4 6	MIDDLE	Epp	
		AS DECEASED EVER I				SECURITY N				ADDRESS		
MO medi	N	ES. NO OR UNKNOWN)	IF YES, GIV	E WAR OR DATES	21609	5405	Velma	a Wilke	rson 26	36 Kirk	Avenue	
BALTIMORE The bit recognition of the medical of the		18 CAUSE OF DEATH	(Enter on	ly one couse per			1 102	W 111110	10011 10,	70 112111		IMATE INTERVAL ONSET AND DEATH
: L FUE		PART I. DEATH WA		Ď BY: E CAUSE (ø)	CAR	DISPUL	MONARY ,	AMECT				FOI
W. PRESTON ST			MUNEDIA		R AS A CON			- Philips				
EST CONTRACTOR OF THE PROPERTY		Conditions, if ony,	which	(b)			FAILURE				×	June
a marie		gove rise to imme	ediote	DUETO	R AS A CON					1		1
		underlying couse		(6)	K AS A COIV.	SEODEINCE	51					
S, 201	7	PART 2. OTHER SIGN	FICANT	CONDITIONS CO	ONTRIBUTING	G TO DEATH	BUT NOT RELATED	TO THE TERM	INAL DISEASE C	R CONDITION G	IVEN IN PART 1	0.
NG PHYSICIAN: The Towngrauin ottending physician. Iter this certificate has been signs the buriol-transit permit. Then hand Mental Hygiene prior to be the and Mental Hygiene prior to be orked or item 18 shows any injur	CERTIFICATION											
REC Son Son	ICA	198 DATE OF OPERATI	ON	196 COND	ITION FOR W	VHICH OPER	ATION WAS PERFO	DRMED	20a AUTOPS	Y? 20b. IF Y	ES, WERE FINDI	OF DEATH?
The Cron Sit position show	RTS								120 []	(3)	YES 🗌	NO 🗌
ANS Shysis		218. ACCIDENT WAS UNDE	-		OF INJURY .M. MONTH	H DAY Y	EAR TIC HOW IN	NJURY OCCURE	RED (ENTERNATUR	E OF INJURY IN ITEM 18	PART 1 OR PART 2)	
SICU SICU Driol- Hem	MEDICAL	I IF EITHER, NOTIFY MEDIC	L EXAMINER) P.	.M.		19					
SIO PHY ending	MED	216 INJURY OCCURRE			OF INJURY	OFFICE, FARM, ET	21f. LOCATION STREET	ON T		ITY OR TOWN	COUNTY	STATE
NG NG of the orker orke		AT WORK AT WORK	: LJ							1		
S Heol		22a.1 certify that ## (,	0		19.86	1-14-55	_, 19_ 86		Aug 12		that (I) (and) lost
CTO CTO		sow the deceased above, (1) (we) (di	d) (did so			19 0 6		(aux) opinion	death occurred a	on the date and ha		
OR he ho DIRE		226. SIGNATURE	?	171	11-		DEGREE	ATTENDING	MEDICAL	STAFF . /	22c DATE	SIGNED
무두 무용되고		1/00	my	CLE	nz			PHYSICIAN [DIRECTOR	PHYSICIAN	1011	2/86
SP Ped bed bed be Sid bed bed bed bed bed bed bed bed bed be		22d. PHYSICIAN'S MA	ME (TYPE O	R PRINT)			22e ADDRES	SS 1	600 N	, WOLFE	EST OBA	LTO. MD
TO HOSPITA TO FUNERA Should be de with the Stat		KAYI	MOND		CHU.	NG	70	JUNS 40	XKINS V	LOSPITA	1, VAL	timbre M
Z 6	23a E	URIAL, CREMATION, R	EMOVAL	23b. DATE			OF CEMETERY OR		23d LOCATIO		COUNTY	STATE
BP		irial		8/18/	86	Mary	land Nat		Lau	rel	Mar	Vland
DHMH - 16 60M 7/84		INERAL DIRECTOR			ADD	ORESS		25a. DAI	E REC'D. BY REG	ISTRAR 256. REGIS	STRAR'S SIGNAT	ÜRE
(VRA 15, 4)	W	m.C.March F	H I	nc. 110	1East	North	Avenue	AL	DO TO F	00 Jim		bulance



			FOR		DEDARTA		OF MARYLA	IND WENTAL HYG	1 9 9	, 3	3
		1-	STATE REGISTRAR		DEPART		CATE OF D				4
00	-18481	1. DEC	EASED NAME FIRE	1	MIDDLE		ST		REG. NO. 20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR
	deoth deoth	(TYPE	am phe	. 11	James	Br	RRY		8	16 86	4150
KK	yom you	J. 5E7	Der B	RACE)	5. DATE O	F BIRTH		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	
-	ector rs off		made	wh	rite	MONTH	20	YEAR 49	37 YRS	MONTHS DAYS	HOURS MIN.
	Page Phou		RTHPLACE STATE OF FOREIG		WHAT COUNTRY?	MARRIE	□ NEVER A	AARRIED 🗍	9. BALTIMORE CITY OR COUN		
	death.		aryland	US		WIDOWE	DI DI	VORCED 2	Baltimore		MD.
101	by the fullified with	3	at wor town of DEATH	e Frau		ADDRESS)		el Ctr	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Security	126 KIND C INDUSTRY Hech	of Business or
ND 212	24 hour filled in obid be	13a. S	TATE TYLAND	OME OR OTHER INSTITUTION COUNTY ALLIMONE	13c. CITY OR TOW	ADMISSION)	13d INSIDE C	NO A	6119 Elinore	venue	21206
RYL/	withir	14 FA	THER'S NAME	WIDDLE	LAST			MAIDEN NA	ME MIDDLE	LAS	ST
X	b and a solution	1	Warner	L.	Campbe			armeli		Barr	У
ORE	ond condical			S. ARMED FORCES? ES. GIVE WAR OR DATES)	166 SOCIAL SECU		17. INFORMA		ADDRESS		0.006
TIW	be me me		Yes		220-52		Warner	Campb	ell 6119 Elinore		
BA	certificate ng physici bon paper r removol.		18. CAUSE OF DEATH (En PART I. DEATH WAS C	ter only one couse pe AUSED BY.	r line for (a), (b), an	dicii	10	100 4 4	11 1. +	BETWEEN	XIMATE INTERVAL LONSET AND DEATH
TSZ	certification in the property of the property		IMM	EDIATE CAUSE (0)	cara	c v y se	revision	VCac	· ares		
STOI	affendin nave cork ation, or troumatic		Conditions, if ony, whi		mas a conseque		What	Lux	le.		
gr.	0 0 0 0 0		gave rise to immedia cause (a), stating t	te	R AS A CONSEQUI		0	0			
*	thot the day the ease re		underlying couse lo	1000,0	boul n		ende	nt d	Contro mecht	u	
, 20	gned n plec		PART 2. OTHER SIGNIFIC	ANT CONDITIONS	ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE FRM	INAL DISEASE OR CONDITIONS	IVEN IN PART 1	0 1
ECORDS	requents The	TION	C	mone	c re	nal	1	avei	ne, mal	nur	un
REC	low r	CERTIFICATION	19a. DATE OF OPERATION	195 COND	ITION FOR WHICH	OPERATIO	WAS PERFO	RMED	IN CER	ES, WERE FINDI	S OF DEATH?
TAL	N. The sysicion icote he rousit p Hygien 18 show	ERTI	210. ACCIDENT WAS UNDERLYIN	NG 1215, TIME C	OF IN ILIRY		121r HOW IN	JURY OCCUPE	RED (ENTER NATURE OF INJURY IN ITEM TO	YES DARK LORDARY 21	но 🗆
P V	Phy Phy of H		OR CONTRIBUTING CAUSE	OF DEATH HOUR A	M, MONTH D		TA. HOW III	JOHN OCCOM	VED (ENIEW MATORE OF INJOKY IN TEM II	FART (OR PART 2)	
DIVISION OF	HYSKIA Iding pl Is certif burial-t I Mental ar frem	MEDICAL	(IF EITHER NOTIFY MEDICALEX 21d. INJURY OCCURRED	21e. PŁACE	.M. OF INJURY	19	21f. LOCATIO)N			
VISIO	DING PH or atten After the e os the olth and morked a	W	WHILE NOT WHILE DAT WORK	(AT HOME ST	REET, FACTORY, OFFICE, F	ARM, ETC)	STREET		CITY OR TOWN	COUNTY	STATE
_	NDIN R. Aff Use or Health		220.1 certify that (I) (this	hospital) attended to		8/	14	19 6 0) to 8/16	19 6	, that (I) (we) last
	Pite Pite 2170		sow the deceased ali above, (I) (we) (did) (ve on		3 6 on	d that in (my)	(our) opinion (death accurred on the date and h	our and from the	couses stated
	OR AT he hosp DIRECT oched f Oept. of		226. SIGNATURE -	.01	1		EGREE	TTENDING _	MEDICAL STAFF	22c. DATE	SIGNED
	A Page E	138	Musi	ine Cip	taren	-	19	PHYSICIAN [DIRECTOR PHYSICIAN	8	116/80
	TO HOSPITAL retained by the TO FUNERAL should be det with the State IMPORTANT.		22d. PHYSICIAN'S NAME	ARTER	-	75	22. ADDRES	40	EASTERN,	BALT	- ND 21224
			URIAL, CREMATION, REM				METERY OR C		23d. LOCATION CITY OR TOWN	COUNTY	STATE
	BP	24 51	Burial	8-20-	86 Pa	rkwood	1 Cemet	ery		nore, Ma	
	DHMH - 16 50M 4/82	1	INERAL DIRECTOR	. 0.5	ADDRESS	Bela	in the	AUG	RE T BY BOOK RAR Sh NEG	GREATS SIGN	OK!
	(VRA 15, 4)	Da	sson The	reral 14	mu Ball	2. 11)0	2123	26		-	

A STATE OF THE PARTY OF THE PAR

		1	FOR			DEDARY			MARYLAN		VOIENIE		4	34	in	1000
		1-	STATE		AAI		MENT OF		CEDTIEIC	6.3	FDEATH	La .	4 1	0	9	
0 - 1	980	1. DE	REGISTRAR CEASED NAME	FIRST	7410	MIDDLE	EXAMIN	EK 3	LAST	AIEOI	20 D		NO.	H DAY	YEAR	The HOUR
	Watarra		E OR PRINT)	Thelma		D.		C.	amaha 11	1		TE KNOW! OF ESTI-				2b. HOUR
	SSESSE	3 SE	(14 R	ACE	S. DATE OF BIRTH		6 AGE (IN YE		ampbel	I. IF UNDER 2			8,		19 86 YEAR	
	ON ST			lack	12 29	1927	58 YE	MONT			MIN PRON	OUNCED	8,	/ 9/	19 86	21:31 A M
-	ESS ESS		RTHPLACE (STATE O	DR .	76 CITIZEN OF V		VIRY?	& MARR	IED NEVE	ER MARRIE	D X 9 BA	LTIMORE CI	Y OR COU	NTY OF	DEATH	
	75.3		Va		US			WIDOV		DIVORCE		altimo				MD.
4	PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE		Baltimo	re	11. NAME OF HO	Hospi	tal		HER INSTITUTI	ION	120 USUAL OF UNE NOST OF	ployed			IND OF BU R INDUSTR	
5	DE PER SE		AL RESIDENCE (IF IN	NURSING HOME OF		13c CIT	ORTOWN	ON)	13d INSIDE CITY	Y LIMITS2	13e STREET AL	DRESS	2	1215	,	3.5
22	S S E S S		Md			Bal	timore		YES (X)	NO 🗆	4729	Park	Heigh	ts A	ive 2r	nd F1:
MD.	H. 1	14. F.	ATHER'S NAME		MIDDLE		LAST		15 MOTHER	ST MAIDEN	NAME	MIDDLE			LAST	
ORE,	ASSES -		Rosevery				ampbell		The							
BALTIMORE	Dag Dag	160 \	VAS DECEASED EV	ER IN U.S. ARM			CIAL SECURIT		17. INFORMA		Maria La	ADDI				Floor
SAL	B. GIVI WITH T. PAG DIVISI		No				-20-31	55	Glori	ia Mos	ses 472	9 Park	Heig	hts	Avenu	ue
7	ANT.		18 CAUSE OF DE	ATH (Enter only WAS CAUSED	y one cause per lin	ne for (a), (b), and (c).)	7.11				3/13	11.11.1	BET	PPROXIMATE	INTERVAL
TS NOTE	AL.	70			E CAUSE (o)			Asth	ma			1				
100	NA A PER		Conditions, i	Lanu which	DUE TO, O	R AS A COI	NSEQUENCE (OF								
100	E SERVER		gave rise t	o immediate	(b)							1-1-2				
1 s	Ser Tano		lying cause la	ing the <u>under-</u> ist.	DUE TO, O	R AS A COI	NSEQUENCE (OF .								
1	8 2528		BART 1 OTHER CICALED	ANT COMPATIONS	(c)											
Owo	DZOWAY.	z	PART 2 OTHER SIGNIFIC	CHOIIIGHS C	ONIKIBUTING TO DEAT	H BUT NOT REL	ATED TO THE TERM	INAL DISEAS	E OR CONDITION (GIVEN IN PART	1 (0)					
200	SA A A SA	CERTIFICATION	19a. DATE OF OPE	RATION	TISK COND	ITION FOR	WHICH OPER	ATION W	AS PERFORM	ED?				Inn	AUTOPSY?	
IAI	RO HEF	E S			178. CO. 12		Willen Gren	A11071 11	AO I EM OM							
>	200 M = 30	ERT	210. EXTERNAL CA	AUSE WAS	21b. TIME C	OF INJURY		21c. H	OW INJURY C	OCCURRED	(ENTER NATURE	OF INJURY IN ITE	M 18 PART 1 OR		YES [NO X
DIVISION OF VITAL	CERTIFICATE THE W DED TO THE E 3 SHOULD E 9 SHOULD I PRIOR TO		UNDERLYING CONTRIBUTING				DAY YEAR									
ISIO	ERTIFIED TO THE SEPARATE PRICE	MEDICAL	214 INTURY OCCU	IRRED	21e PLACE	OF INJURY		211. LO	CATION							
50	E, WRITING RWARDED PAGE 3 SI STATE DEP	ME	WHILE AT WORK AT	WORK	STREET, FA	CTORY, FARM, I	eTC.)		STREET		CITY	OR TOWN		OUNTY		STATE
	* DOW HO		22s. I certify the		af the remains d	escribed abo	ve, held an	Autap	sy , _	Inspection	X Inq	uiry .	ond in my	apinion		
	MEDICAL EXAMINE CUTE THE CERTIFICA SE 4 SHOULD BE FOR FUNERAL DIRECTO FIRE DEATH WITH THE		death resulted for	om: Nature	al causes X,	Arcident	L, Su	cide	, Hamicio	de 🔲 .	Undetermine	d manner],			
	S S S S S S S S S S S S S S S S S S S		ACTUAL		1	1	n		TITLE (SPE				DATE			
	DICAL EXY TE THE CER 4 SHOULD NERAL DIR DEATH	1	SIGNATURE		-X	11	1	M	ASS1	stant	MEDICALE	XAMINER	SIGN		8/9/	86
	MEDI CUTE SE 4 S	1	EXAMINER'S NAA	E Cro	com D	Vauff	- V M	D		,	11 Don	n C+				
	TO MEDICAL EXECUTE TH PAGE 4 SHC TO FUNERA A PTER DEAT BALLIMORE	12- 0	(TYPE OR PRINT)		gory R.				ADDRESS	4		n St.				
3070		230.6	Burial Burial		3/13/86	230	NAME OF CEA		Cemeter		23d LOCATIC CITY OR TOW	imore	co	UNTY	STA	ATE Md
07/84 25M	BP	24 F	UNERAL DIRECTOR		773700		Lastv	IEW (C'D. BY REGIS		EGISTRAR'S	SIGNAT		iu
	DHMH - 17 (VR A15 ME (5))	M-	arch Fune	cal Hom	ADDRES	300 11	abach /	Venu		ΔΙ		986			-s jumple	101-
	(10 cus we fall	1,10	ir chi runei	a i nulli	c west 4	200 W	abasii F	AGIIU		חע	0 - 1	200				



DEPARTMENT OF HEALTH AND MENTALHYGIENE - STATE MEDICAL EXAMINER'S CER REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN 26 HOUR MONTH ESTI-DEATH MATED CAPLAN 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 24 HRS 2d HOUR DATE 65 PRONOUNCED SEPT. 25, 1920 8-26-8619 B: 45P DEAD FEMALE WHITE To BIRTHPLACE ISTATE OR 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED MARRIED MARYLAND USA Baltimore City WIDOWED DIVORCED ID CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION TYPE OF WORK 126 KIND OF BUSINESS HOUSEWIFE AT HOME Baltimore Johns Hopkins Hospital MILLAL REG BALTIMORE, MD, 21201 3a STATE 136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 6945 BLANCHE RD #21215 MARYLAND BALTIMORE 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME ANNA SODY BENJAMIN SCHERR 17. INFORMANT MR. MORRIS CAPLAN 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 218-07-0907 6945 BLANCHE RD. BALTO., MD 21215 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Multiple injuries with complications (Due to, Or as a consequence of Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 to 19g. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? E CHIEF BE USED DEPARTMENT OF HI YES [TO MEDICAL EXAMINER: THIS CERTIFICATE SI EXECUTE THE CERTIFICATE, WRITING THE WO PAGE 4 SHOULD BE FORWARDED TO THE C TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT BALLIMORE, MARYLAND, 21201 PRIOR TO BU 71a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) driver of an auto which impacted the rear of UNDERLYING KOR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 214. INJURY OCCURRED STREET, FACTORY, FARM, ETC 1 Rt. 140 S. of Bright side Ave. Pikesville, Md. WHILE AT WORK hawy. X 22a I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion Accident Undetermined monner Natural causes TITLE (SPECIFY) DATE 8-27-86 Assistant SIGNATURE. MEDICAL EXAMINER 111 Penn Street Margarita A. Korell, M.D. EXAMINER'S NAME (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION PECIFYBURIAL AUG.28,1986 CHIZUK AMUNO BALTIMORE MARYLAND 07/84 SOL LEVINSON & BROS., INC. 25M 24. FUNERAL DIRECTOR 236 REGISTRAR'S SIGNATURE TO 25a. DATE REC'D. BY REGISTRAR **DHMH - 17** 6010 REISTERSTOWN RD. BALTO., MD (VR A15 ME (5))

STATE OF MARYLAND

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 💍

CERTIFICATE OF DEATH

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNAL OF

REG. NO

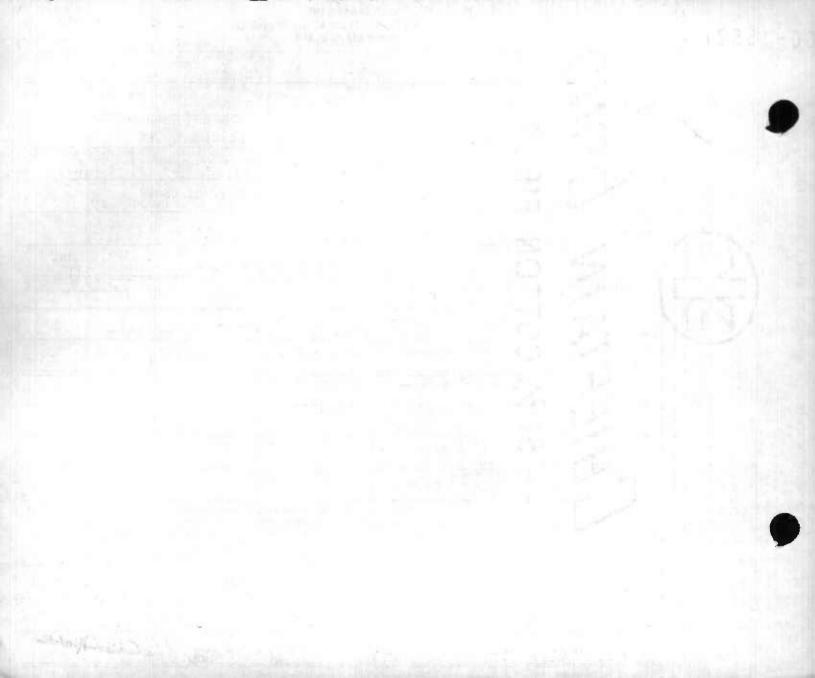
1. DECEASED NAME FIRST	1	AIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
Flossie		I. Carder		August 13, 1986	
3 SEX	4 RACE		OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
Female	White	Nov		76 YRS	
70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	ED NEVER MARRIED	9. BALTIMORE CITY OR COUN	
North Carolina		A. widow	VED DIVORCED	Baltimore Ci	1110.
10. CITY OR TOWN OF DEATH	11. NAME OF H	HOSPITAL, NURSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS OR INDUSTRY
Baltimore	4	South - S. B		Book Binder	Library
MD H		GIVE RESIDENCE BEFORE ADMISSION 136 CITY OR TOWN Columbia	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CO 7080 Cradler	ock Way 21045
14 FATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN NA		LAST
/ William	Franklin	Porter	Alice	Corelia	Felts
160 WAS DECEASED EVER IN U.S		166 SOCIAL SECURITY NO.	17 INFORMANT	270 Chalet	: Circle West
(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)		215-34-4580 Dorothy Wir		iter Millersville MD 21108	
Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse loss PART 2. OTHER SIGNIFICATION 190 DATE OF OPERATION	th (b)	TION FOR WHICH OPERATI	ON WAS PERFORMED	200 AUTOPSY? 206, IF Y	VES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO NO
00 000 0000 000 00 00 000	OF DEATH HOUR A.	M. MONTH DAY YEAR	R	RED (ENTER NATURE OF INJURY IN ITEM 1:	8 PART 1 OR PART 2)
OR CONTRIBUTING CAUSE OF CITY OF CONTRIBUTING TO COLOR EXAMINED TO COLOR OF	21e PLACE		ZII LOCATION STREET	CITY OR TOWN	COUNTY STATE
220.1 certify that (1) (this sow the deceased alm abave, (1) (we) (did) (d	ve on	deceased from		, to death occurred on the date and h	, 19, that (1) (we) last our and from the causes stated
22b. SIGNATURE	0			MEDICAL STAFF DIRECTOR PHYSICIAN	14 Aug. 86
Dr. Daljit	Sawhney		7422	BAA Blud	Glen Bring
230 BURIAL, CREMATION, REMO (SPECIFY) Burial	18 Aug		laven Mem. Pk	Glen Burnie	A.A. MD

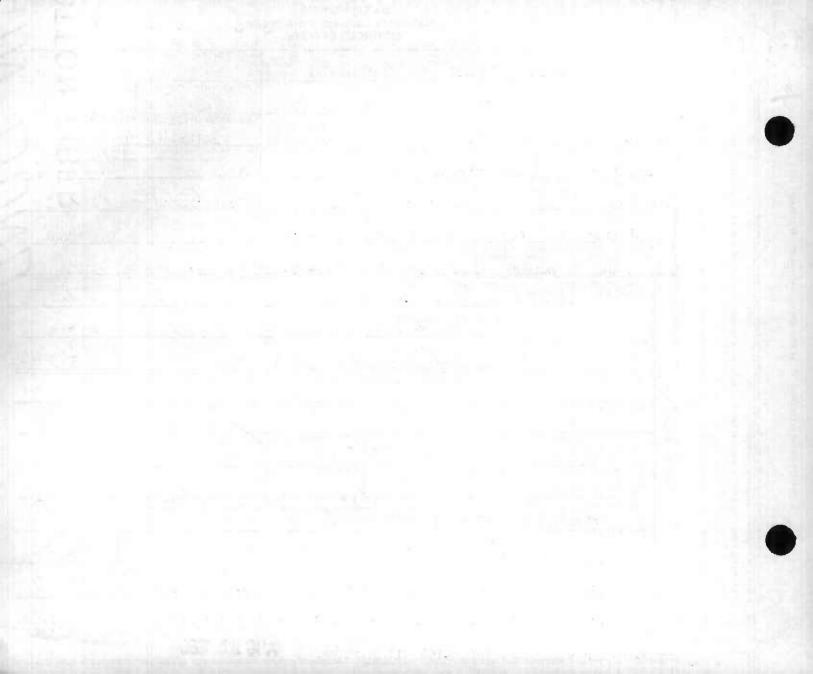
DHMH - 16 60M 7/84 (VRA 15, 4)

James S. Kirkley Glen Burnie MD 21061

BP

morked or Hem 18





757		FOR - STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENEO CERTIFICATE OF DEATH REG. NO.
may be poge 3		CEASED NAME FIRST E OR PRINT) PAUDH	L CARTER 20. DATE OF DEATH MONTH DAY YEAR 126 HOUR
ge 4 may	3. SE	MALE	4 RACE S. DATE OF BIRTH MONTH DAY YEAR AGE (IN YEARS LAST BIRTHDAY) WONTHS DAYS HOURS MIN. 1 FUNDER 14 PAR MONTHS DAYS HOURS MIN.
eath. Pagentre in 72 hours	1).	IRTHPLACE (STATE OR FOREIGN COUNTRY) ORTH CAROLINA	7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH
by the fu	1	ALTIMORE	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) MERCY HOSPITAL 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY ELECTRIC-WIREMAN WESTING HOUSE
Antanta in hould be in most ibe) 130 M	AL RESIDENCE (IF NURSING HOME OF STATE IN COUR	UNITY BALTIMORE TEST NO 5/06 BROOKWOOD RD 2/225
ompletely somition		ATHER'S NAME FIRST JAMES	D. CARTER ALICE - LAYALL
TIMORE be execu			
AL OR ATTENDING PHYSICIAN: The low requires that the death certificate by the haspital or attending physician. AL DIRECTOR: After this certificate has been signed by the ottending physician detached for use as the buriol-transit permit. Then please remove carbonapopers are Dept. of Health and Mental Hygiene prior to buriol, cremotian, ar removal. It: If them 21 is marked or them 18 shows any injury, or other traumatic event, the	NO	Conditions, if ony, which gove rise to immediate couse tol, stating the underlying couse lost.	APPROXIMATE INTERVAL SED BY: ATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF (c) T CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/10
	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO
	MEDICAL CER	210 ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DE- LIFETIMER NOTHY MEDICAL EXAMINES 210. INJURY OCCURRED WHILE NOT WHILE AT WORK AL WORK	HOUR A.M. MONTH DAY YEAR
		220 1 certify that (I) (this hasp	pital) attended the deceased from 1900, and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated not) view the bady after death. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN
TO HOSPITAL (retained by the TO FUNERAL Is should be deto with the State IMPORTANT; if		RUSERT C	Greenwell Mry hospital BACTIMAN Mg
BP		BURIAL, CREMATION, REMOVAL BURIAL	8-8-86 CROWNSVILLE COUNTY STATE COUNTY STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	1	CULLY FUNERA	AL HOME BALTIMORE 21225 AUG 8 1986 Principles

Target and the second and the second

6500 York Rd.

(VRA 15, 4)

Mitchell-Wiedefeld

STATE OF MARYLAND

Maria de la completa del completa de la completa del la completa del completa de la completa de la completa de la completa del completa de la completa del comple

Times. Si minor Biologia

and deposits on

CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 2n DATE OF DEATH TYPE OR PRINTI Walter E. Cathell, Jr. poge r 4 RACE 5. DATE OF BIRTH 3 SEX 6. AGE LIN YEARS LAST BIRTHOAY Jan. 11, DAY 1916 EAR M BALTIMORE CITY OR COUNTY OF DEATH Th. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Va. USA Baltimore City, WIDOWED DIVORCED T NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH Union Memorial Hospital TYPE OF WORK FOR MOST OF WORKING LIFE) Baltimore Representive 13b COUNTY 7118 Wardman Rd. 13d INSIDE CITY LIMITS? Baltimore Baltimore Md. NOXX FATHER'S NAME 15. MOTHER'S MAIDEN NAME Walter E. Cathell, Sr. Blanche Benthal 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS 17 INFORMANT 226 05 6525 Miss Cindy Cathell 18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and (c) PART I. DEATH WAS CAUSED BY. CARDIOPULMONARY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF. SUSPECTED Conditions, if any, which PUL, GUISOLUS gove rise to immediate couse tol, stating the DUE TO, OR AS A CONSEQUENCE OF EXPLORATORY CAPARATORY PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY LARGE BOWER OBS PARTTAL 8-21-81 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21e PLACE OF INJURY 211 LOCATION AT HOME STREET, FACTORY OFFICE FARM ETC 1 NOT WHILE 8/22/86 220.1 certify that, (1) Ithis haspital) attended the deceased from 22h SIGNATURE DEGREE PHYSICIAN 22e ADDRESS the the 5MORIAL to77 23a BURIAL, CREMATION, REMOVAL 23h DATE 23¢ NAME OF CEMETERY OR CREMATORY 8/26/86 Burial

STATE OF MARYLAND

- STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE O

402 Overbrook Rd.

2386

IF UNDER I YEAR

2b HOUR

126. KIND OF BUSINESS

21212

Mfgr.

IF UNDER TAMPS

IMMBDIATE 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 23/86 DIRECTOR PHYSICIAN Timonium, Md. Dulaney Valley 250 DATE REC D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE MITCHELL-WIEDEFELD HOME, INC. 6500 York Rd.

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR

ing.

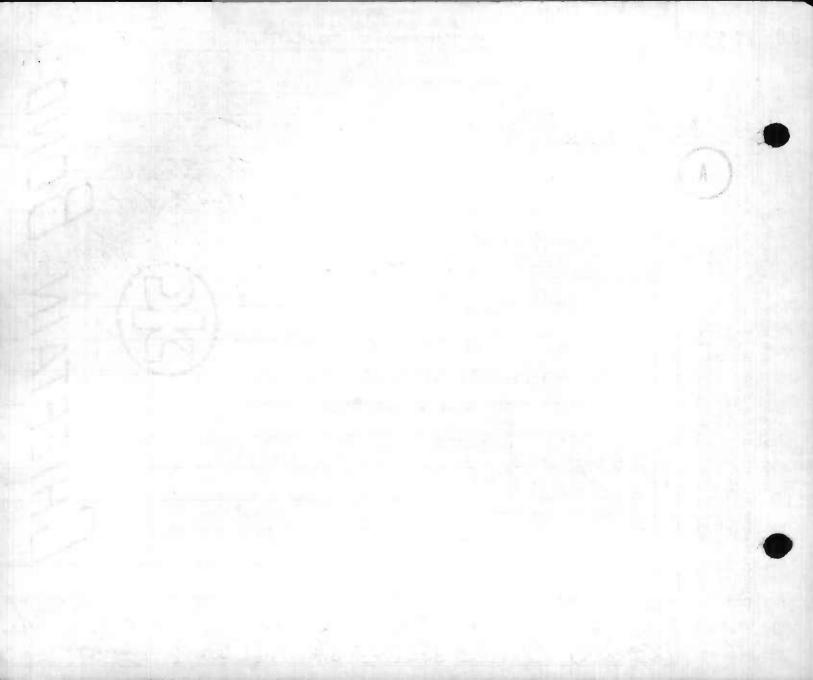
of the

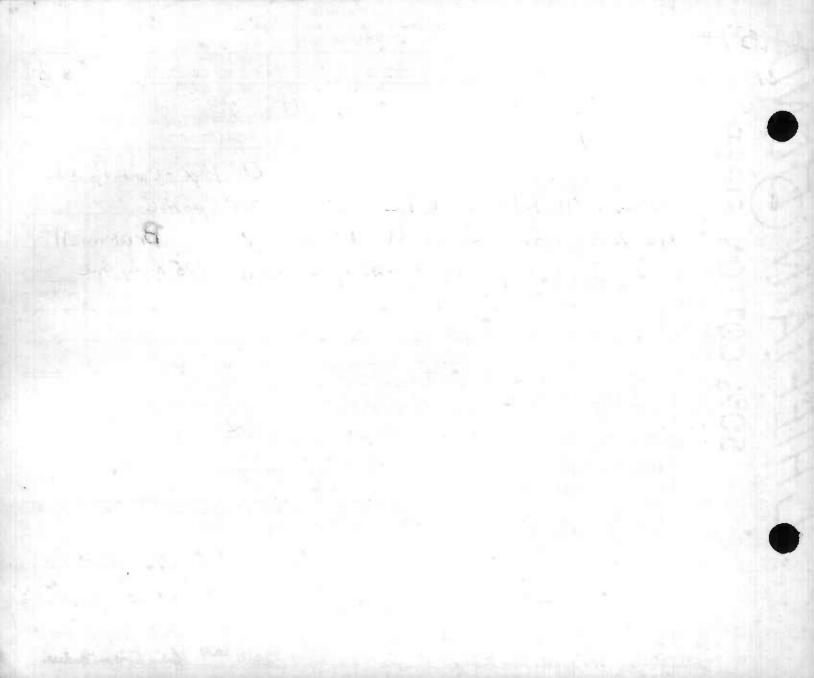
NATURE OF STREET

frame rest frame. The first and a section

ie . Post town in life and the total

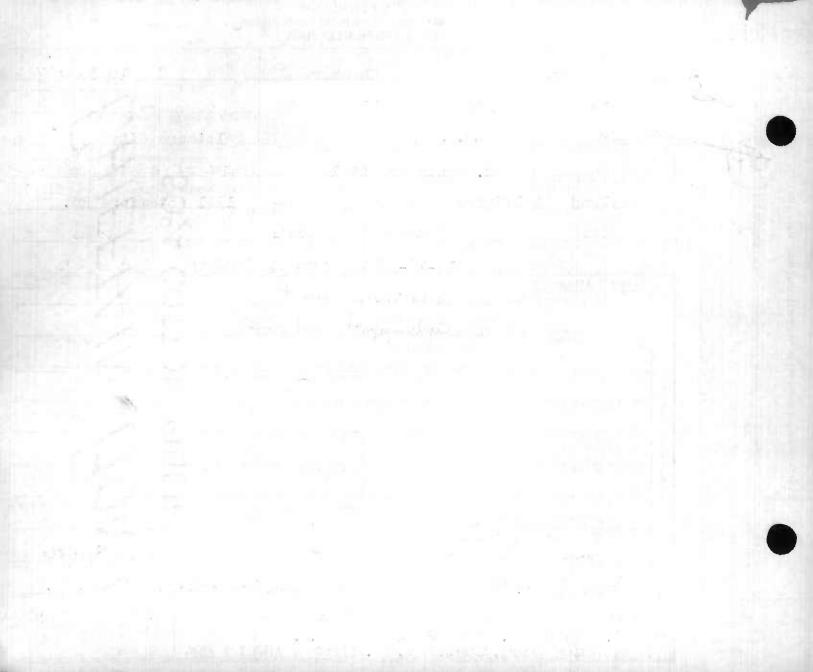
A SAME





1630 Edmondson Avenue, Catonsville, MD. 21228

(VRA 15, 4)



) - {	390		1.	FOR STATE REGISTRAR	DEPA	RTMENT OF H	OF MARYLAND EALTH AND MENTAL H ICATE OF DEATH	YGIENES 2 2	1 7 0
	of the control of the			CEASED NAME FIRST	MIDDLE	CHA	PMAN	20 DATE OF DEATH MONTH	DAY YEAR 25 HOUR
	ctor, page	35	3. SE	FEMALE	1 RACE BL+CK	5. DATE C	F BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
0	death. Page uneral direction 72 hours	the duce		RTHPLACE (STATE OR FOREIGN COUNTRY) ARYLAND	76 CITIZEN OF WHAT COUNT	RY? 8. MARRIE WIDOWE	NEVER MARRIED		Y OF DEATH
10	s ofter di by the fur iled within	12	-	ALTIMORE	11. NAME OF HOSPITAL, NUI	RSING HOME C		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LE HOUSEKEEPER)	126. KIND OF BUSINESS OR INDUSTRY PVT. FAMILY
AND 212	n 24 hour	15		AL RESIDENCE (IF MURSING HOME OF STATE 136 COUP	OTHER INSTITUTION GIVE RESIDENCE BI	FORE ADMISSION)	13d. INSIDE CITY LIMITS?	Ave. Apt. 415 B	1102 Druid Hill
MARYLAND	and	Pol	14. F/	THER'S NAME Benjamin	MIDDLE LAST UNK	nown	Alice	NAME	Smith
BALTIMORE,	on and one s. Page 1	medico		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV NO •			ALICE ROYSTE	3306 CERTSTON R BALTIMORE, MAF	YLAND 21216
ST., BAL	physicis propertical	event. th		PART I. DEATH WAS CAUSE	nly ane cause per line far ia), (b) ID BY: TE CAUSE (a)		spirator	y agrest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
201 W. PRESTON	es that the death ce ned by the attending please remave carb virial, cremation, or r	y, or other traumatic		Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CONSE (b) MUTO DUE TO, OR AS A CONSE (c) CONDITIONS CONTRIBUTING	OUENCE OF	lung CA	T CNS imvolver	
CORDS	w requirements of the right of	ny injur	ATION	19a DATE OF OPERATION	19b. CONDITION FOR WH		(onea donation	S, WERE FINDINGS USED
ITAL RE	i. The la sician. ote has insit perr	shows	CERTIFICATION	210, ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		05 CEL TILL HOW INTURY OCE	NO NO Y	FYING CAUSES OF DEATH? ES NO PART LOR PART 2)
DIVISION OF VITAL RECORDS,	ding ph ding ph is certifi burial-th Mental	or Item 18	MEDICAL C	OR CONTRIBUTING CAUSE OF DEA	P.M. 21e PLACE OF INJURY	19	211 LOCATION		
DIVISI	After the so the lith and	arked	W	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFF		STREET	CITY OR TOWN	COUNTY STATE
	aspital o sspital o CTOR: J d for use	n 21 is n		220.1 certify that (1) (this haspi sow the deceased alive an abave, (1 (we) (did) (did no		9 86 . 01		on death accurred on the date and ho	19, that (I we) ast ur and from the causes stated
	the her	ZI. =		226. SIGNATURE SOLLY 226. PHYSICIAN'S NAME (TYPE OF	nelon, up	#202	ATTENDING PHYSICIAN 122e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	8 19 86
	retained by TO FUNERA should be de	MPORTA		DR.S. ROS	S, MD		SINA :-	HOSPITAL; Bt	ITIMORE, MO
	BP		230 1	BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL			MEMORIAL PA	CITY OF TOWN	COUNTY STATE
	OHMH - 16 60M (VRA 15, 4)			NUFFATEREC&PRONS FI 501 GWYNNS FALL:	UNERAL HOME, ADDR	VC.	25o. D	G 2 2 1986 Julia Dan	TRAR'S SIGNATURE

0 6

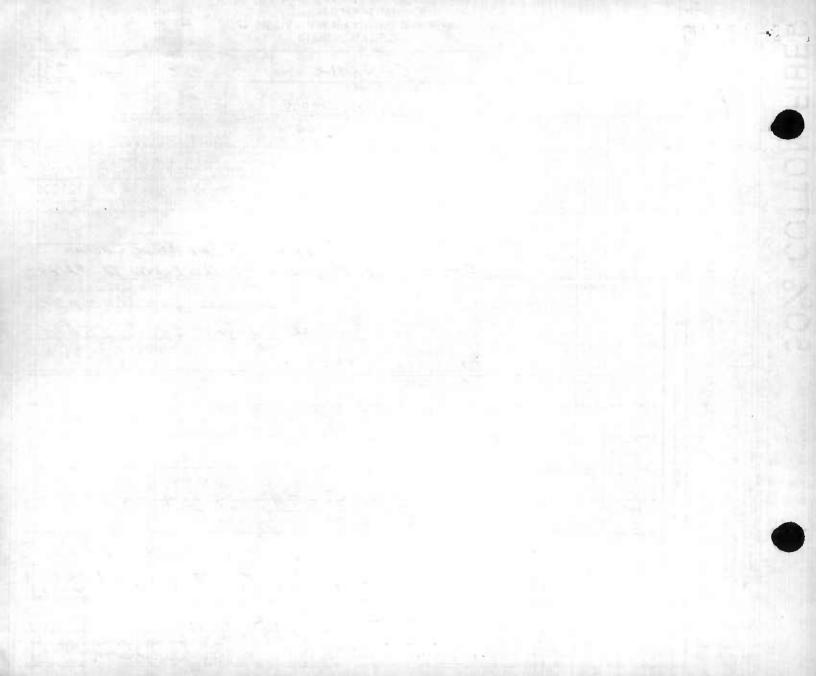
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

LE	1-	FOR STATE			DEPARTM		EALTH AND	MENTAL HYGI DEATH	IÈNE O	6	. 4			
-		REGISTRAR								REG. NO				
		4	20N		MIDDLE	CH	AFA	K	20 DATE OF	PDEATH	8-00	7-86	26 HOUR	15 PM
	3 SEX	(4.1	RACE		5. DATE C	FBIRTH		6 AGE (IN)	EARS LAST BIRT			IF UNDER 2	
) -		MALE		WHI		JUNE	21,	1901		85	YRS		HOURS	MIN.
		RTHPLACE (STATE OR FOR	REIGN 76	CITIZEN OF V	WHAT COUNTRY?	8. MAPPIE	D NEVER	MARRIED	9 BALTIMO	RE CITY O	COUNTY OF	DEATH		
/		OUMANIA		USA		WIDOWE	DXX D	VORCED [BALTIM	ORE CI	TY	14	MD.
1	10 CT	TY OR TOWN OF DEATH	н 11.		OSPITAL, NURSIN		R OTHER INS	TITUTION		OCCUPATION AND TO		126. KIND OF	BUSINES	SOR
0		LTIMORE		LE	VINDAL AC	GED HO	DME			ORE KE			CERY	
28	SUA 30 S	AL RESIDENCE (IF NURSING	GHOME OR OTH		GIVE RESIDENCE BEFORE		13d INSIDE C	ITY LIMITS?	13e.STREET	ADDRESS /	ZIP CODE		#212	09
-	MAR	YLAND	- Charles - Ch		BALTIMOR		YESXIX	NO 🗌			RN RUN	DR.,	APT.	C
	III. FA	THER'S NAME	MIDI	212	LAST		15 MOTHER	S MAIDEN NAA	ΛE	MIDDLE		LAST		
γ		UNKNOWN	MIDI	DIE	CHARAK		- 1 No	FIRST			INKNOWN	LASI		
		VAS DECEASED EVER IN			166 SOCIAL SECU	RITYNO	17 INFORMA	INT ESTAT	E of		AARON	CHAR	AIL	
1		NO OR UNKNOWN)	(IF YES, GIVE W	AR OR DATES	212-05-8	3950	40 MA	VAICE C	OFFIT	1200	E. Joppa	RD.	#210	204
		18 CAUSE OF DEATH	Enter only o	ne couse per	line for (a), (b), and	lici						APPROXIM BETWEEN OF	ATE INTERV	AL
	14		MEDIATE C		CAL()	146	THE	1185	/			100	1 year	1-
				DUE TO, OR	AS A CONSEQUE	NCE OF	- 11		26.	7 10	_		7 4 .	
		Conditions, if ony, v		(b)/	SCHE	MIC	177	24/1	47) 8	E1281		YB	The	2
		couse (a), stating underlying couse		DUE TO, OR	A CONSEQUE	NCE OF	clere	25/5-						
		PART 2 OTHER SIGNIF	FICANT CON	, [6]	7 7	, ,			INAL DISEAS	EORCONE	DITION GIVEN	IN PART 1:a		=
	CERTIFICATION						9704							
9	ICAI	190 DATE OF OPERATIO	NC	196 CONDIT	TION FOR WHICH	OPERATIO	N WAS PERFO	DRMED	200 AUT	OPSY?	20b. IF YES, W	VERE FINDING	GS USED OF DEATH	1?
1	RTIF								YES 🗌	NO	YES [NO 🗌	
0	1 - 1	218 ACCIDENT WAS UNDER	land.	21b. TIME OF HOUR A.A		Y YEAR	21c. HOW IN	NJURY OCCURR	ED (ENTERNI	ATURE OF INJUR	Y IN ITEM 18 PART	OR PART 2)		
47	EDICAL	THE EITHER NOTIFY MEDICAL		P.A	M.	19								
1	MEDI	214 INJURY OCCURRE		21e PLACE C	OF INJURY	ARM ETC	211 LOCATION STREET			CITY OR TO	WN	COUNTY	51	ATE
		AT WORK AT WORK				101	100	70			-	6-1		
		22s I certify that (I) (the	his hospital)	offended the	deceased from	1	0 0	. 19	, to	0-6	. 19.		hot (I) (w	
		obove, (I) (we) (did					9.10.41.01	(our) opinion d	death occurre	ed on the do	te and hour or			led
		226. SIGNATURE	100	11	1		DEGREE	ATTENDING	MEDICAL	STAF	F	22c. DATE S	IGNED	1
		27d. PHYSICIAN'S NAM	In	VI	10		11/	PHYSICIAN		☐ PHYSIC		18/9	1/8	2
1		22d. PHYSICIAN'S NAW	AE (TYPE OR PR	h. 1 - L	1 1	1.0	22e ADDRES	mila	60	· tre	16	1 18.	27	0 _
1		13		00-1	IN	W.	Leur	MARCE	CVI	1000	- C77	76	212	1)
		URIAL, CREMATION, RE	MOVAL	23b. DATE			EMETERY OR			ATION OR TOWN	c	OUNTY	51	A1E
	-	BURIAL	10.71	8-12-	86 ARI	INGTO	ON (CHI	ZUK AMU		BALTIN			M	D
84	24 FU	6010 REIS	LEV TEDST	INSON DE	& BROS	INC.	21215	100	E REC'T LIVE	RAR	751 REGISTRA	THE RESERVE TO SERVE	- 42 475	
		OOTO KETS	TUIOI	OMM KD	., DALIU.	, MID	21215	,,,,	1 5 1	Date 4	LULIA LIGHTS	son-lan	-	

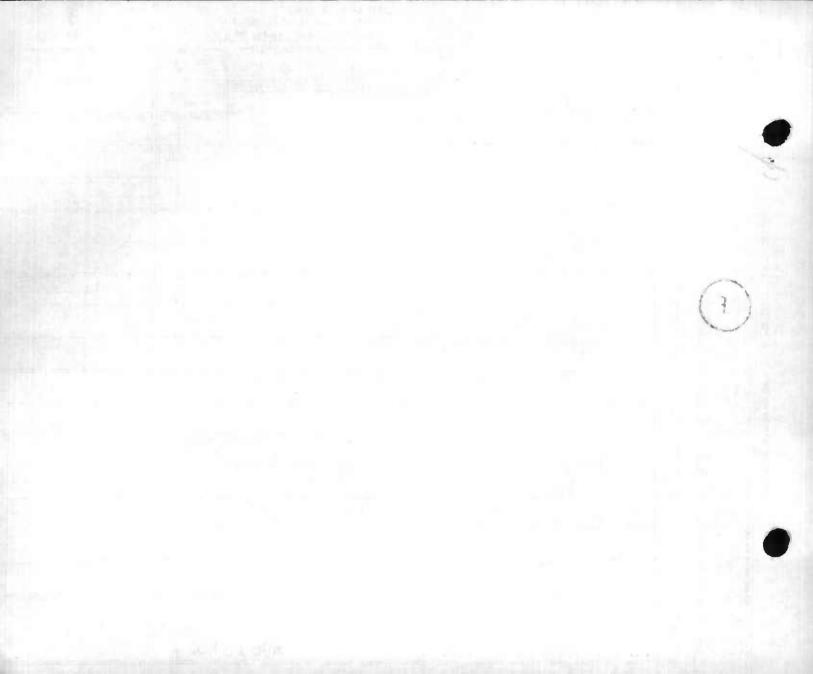
DHMH - 16 60M 7/84 (VRA 15, 4)

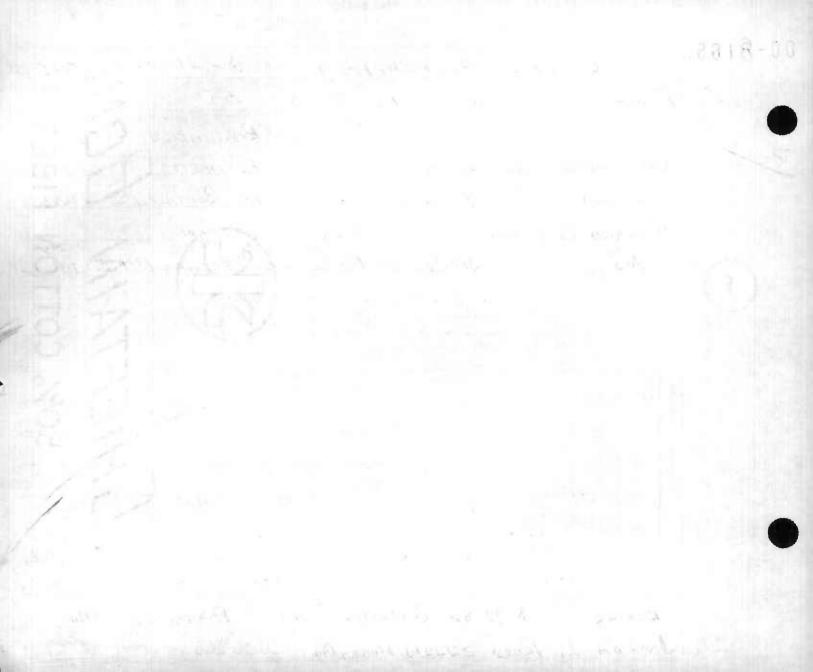
TO HOSPITAL

BP.



								OF MARY			e: 0	0	R	
			FOR STATE						MENTAL	0	In la	1 1	Q	
15010	,		REGISTRAR	E-COLUM	WÈL		XAMINE	R'S CERT	IFICATEC	OF DEATH	REG. NO			
-13316			EASED NAM	E FIRST		MIDDLE		LAST	F 400/3	20. D		MONTH D	DAY YEAR	26 HOU
2 2 2 2	2 H	1	OK / KW 11 /	Barba	ara A		C	neathar	n	DE	OF ESTI X	8/9	/ 19 86	
PLEASE RECTOR.	28	3 SEX		4 RACE	5. DATE OF BIRTH		6 AGE IN YEAR	IF UNDER 1	YR. IF UNDER		DATE	MONTH C	DAY YEAR	3:09
PIRE PIRE	I in		C ()	D	MONTH DAY	YEAR	(AST 8IRTHDAY)	MONTHS DA	HOURS		OUNCED	010	1	3:05 P
377	95		F()	B B	3 13	50	36 YRS				LTIMORE CITY O	8/ 9		I P A
HASE	X//	FO	REIGN COUNTRY)		To Citizen or With	AI COUNT		MARRIED C	NEVER MARR	IED 🔲	44	-		
25%	1/	S	.C.		U.S.	Α		VIDOWED L	DIVOR		Baltinor		,	M
¥8	800	10 C1	TY OR TOWN		11. NAME OF HOSE	ILITY, GIVE ST	REET ADDRESS)		STITUTION	FOR MOST O	CCUPATION (TYPE	OF WORK 12b	OR INDUSTR	
3 300	0 (0)		Balt	imore	Univer	sity !	Hospita	1		N/	WORKING (IFE)	100		
100 PO	300	USUA 13o. S		(IF IN NURSING HOME O	R OTHER INSTITUTION, GIV				I INC. CHAN LINEY CO.	lia crossr i	-7	1775	7 ->	
AND AND REED			ARYLANI		I T		TIMORE	YES	SIDE CITY LIMITS?	13e STREET A	- Alexandry	66	0	
g ± 0/10	7		THER'S NAME			LDAL	LIMURE		OTHER'S MAID		Saratoga	Stree	ŧ	
5 5 2			FIRST		MIDDLE	-	AST	13.70	FIRST	LIVINAME	MIDDLE		LAST	
DEA M P	86		essie				ders	10 112 151	Leola				trongs	
TER I	SO /		S, NO, OR UNKNO	DEVER IN U.S. ARA	AED FORCES? WAR OR DATES)	166. SOC	IAL SECURITY I	10. IV. IN	FORMANT		ADDRESS		3	
BALTIMORE S AFTER DEA GIVE PAGES ITH FORM P	IVISION	n	00			216	545844		ames N.	Cheath	am 1608	E. 29t	h Stre	at
			18 CAUSE C	F DEATH (Enter on	y one couse per line	lor (o), (b),	and (c).)						APPROXIMATE	INTERVAL
S / 200	52	-	PARTIDE	ATH WAS CAUSED	BY: E CAUSE (o)	Hypo	ertensi	ve Card	diovasc	ular Di	sease		BETWEEN ONSE	ANDUEAT
O MEG	18			IMMEDIAI	, , , , , , , , , , , , , , , , , , , ,		SEQUENCE OF							
8	0.00		Conditio	ns, if ony, which										
# UN	N N N	-		se to immediate	(b)									
W Bay	- NEW		lying cou	stating the <u>under-</u> ise last.	DUE TO, OR	AS A CON	SEQUENCE OF							
8 5 3	00			- 17	(c)									
SO SESSE	AAB		PART 2 OTHER ST	SHIFTCANT CONDITIONS	CONTRIBUTING TO DEATH I	UT NOT RELAT	EO TO THE TERMIN	L OISEASE OR CO	NOITION GIVEN IN P	ART 1 (o).			124-17	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., S CERTIFICATE SHOULD BE EXECUTED WITHIN THE WORD "PENDING" IN PRESTON THE REDICAL EXAMINE A DESCRIPTION OF THE CHIEF MEDICAL EXAMINE A DESCRIPTION OF THE CHIEF A DESCR	SET S	CERTIFICATION	Chror	nic Alcoho	olism									
PE'PE'	HEALT IL, CRE	A	19e. DATE OF	OPERATION	196 CONDIT	ION FOR V	VHICH OPERA	ION WAS PER	RFORMED?			7	20 AUTOPSY?	?
SHOUL CHIEF	E 3 SHOULD BE USED A E DEPARTMENT OF HEA IN PRIOR TO BURIAL, C	띮										603	YES 🔀	NO 🗆
F VI	E SE	E E	21a EXTERNA	AL CAUSE WAS	216 TIME OF	INJURY		71r HOW IN	IURY OCCURR	FD I ENTER NATURE	OF INJURY IN ITEM 18 I	PART 1 OR PART 2)		NO L
A H W H H		U	UNDERLYING	OR	HOUR A.M.	MONTH	DAY YEAR		JOHN OCCORR		01 #13087 111 11211 101	ART TORTAR(4)		
O DEFE	O A G	Š		NG CAUSE OF E		F 44 4 11 18 14	19	-111						
VISIO CERTIFICATION OF THE TIME	DEP	MEDICAL	21d. INJURY C		21e PLACE C	ORY, FARM, ET	[AT HOME, C.)	211 LOCATIO STREET	N .	CITY	OR TOWN	COUNTY	,	STATE
ARE D	20 A FE	-	AT WORK	AT WORK				(distribu						
DIVIS DIVIS CATE, WRITIN FORWARDED	ST, 2				()	all and a bar	- 1 14	Autonsy X	1					
₩ 32	A TO				e of the remains desc	/		7,0,000	a, mapeene			d in my opinio	n	
₹ #	E E		death result	ed from: Natur	al causes M	Accident	, Suici	de L., H	Homicide	Undetermine	ed monner,			
SERVICE BETTER	3 \$		ACTUAL		1	1	1		TLE (SPECIFY)			DATE		
₹ 발 오 :	HH.		SIGNATURE,			1	1	M.D	Assista	nt MEDICALI	XAMINER	DATE SIGNED_	8/10/8	86
DIO TET S S S	VOE N		EXAMINER'S	NAME		-								
₩ 288	AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2127	distant.	(TYPE OR PRI	VI) Gr	egory R. I	Kauffr	man, M.	D. ADDRE	ESS	111 Pen	St.		1194	
5 X X	BAF C	23 a Bl	JRIAL, CREMA	TION, REMOVAL 2	3h DATE	23c. N	AME OF CEME	TERY OR CRE/	MATORY	23d. LOCATI	ON			
		Bi	irial		8/15/86	(Cedar H	ill		CITY OR TOW	Arunde	COUNTY		vl and
25M			JNERAL DIREC	TOR	-, -0,00		Juan II		250. DATE		STRAR 256 REGI		TATURE	yland
DHMH			NAME		ADDRESS		م الجميدا		AU		86 Janes	rundered -	Maria	
(VR A15	ME (5))	WI	ii. C. Mar	CH F/H IY	nc. 1101 E	ast	vorth A	venue	AU	0108	00 (1			





DHMH - 16 60M 7/84

(VRA 15, 4)

FOR

CT	ATI	OF	MARY	CHARLE
21	AII	Ur	MARI	LAND

DEPARTMENT OF HEALTH AND MENTAL HYQUINE

2	2	da	U
Em	live	Civia.	

1	REGISTRAR				CERTIF	ICATE OF DEAT	H	· REG. NO	0.		1	
	I DECEASED NAME	Kathe		- Ch	enowi	th	2	Aug. 13,		Y YEAR	11:30 A	A
	Female		4. RACE White		5 DATE C	rch 5, 19		AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.	-
	O. BIRTHPLACE (STATE O		USA	WHAT COUNTRY?	WIDOWE	Man.	ED	City	R COUNTY C	F DEATH	ME).
)	Baltimore	ATH		OSPITAL, NURSIN		d Road	ON 12	No USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR MOST OF	ON OF WORKING LIFE)	126 KIND O INDUSTRY	F BUSINESS OR	
2	USUAL RESIDENCE IF NU	136 COUI		Baltimor		13d. INSIDE CITY LIA YES NO [MITS? 13	STREET ADDRESS d	Harfo	rd Roa	d 21214	
Č	14 FATHER'S NAME FIRANDE	ew	WIDDLE	Hochrei	n	15 MOTHER'S MAID MOTHER'S MAID		WIDDIE	Wil	berger	Ţ	
	(YES, NO OR UNKNOWN)		MED FORCES? /E WAR OR DATES)	213-03-		Mr. Rich	ard A	. Becker	Same		EL Was	
-	Conditions, if an gove rise to in cause (a), stal underlying cau PART 2 OTHER SIG	y, which nmediate ing the le last	DUE TO, OI (c) CONDITIONS CO	TION FOR WHICH	NCE OF CALO	dels	HE TERMIN.	AL DISEASE OR CONI	DITION GIVEN	WERE FINDIN	NGS USED	
7	OR CONTRIBUTING (IF EITHER NOTIFY ME 21d. INJURY OCCU WHITE AT WORK 220.1 certify that (saw the decect above. (1) (we)	CAUSE OF DE DICAL EXAMINE RRED ORN 1) (this hasp ised alive or I did) (did no	P. 21e PLACE (AT HOME, STR.) (Ital) attended the strength of the bady.	M. MONTH DAM. OF INJURY REET, FACTORY, OFFICE, FACTORY,	19 ARM. EIC) Lor	216 LOCATION SIREET 19 and that in (my) (or) of DEGREE DEGREE PHYSIC 22e ADDRESS	DING DE	city or to to South occurred on the do MEDICAL STAL DIRECTOR PHYSIC AVENUE B	3 15 ate and hour o	COUNTY 9 \$6 and from the	SIGNED, 13/8C	
	23a BURIAL, CREMATION (SPECIFY) Burial	I, REMOVAL	23b DATE Aug. 16		AME OF C	EMETERY OR CREMA		23d LOCATION CITY OF TOWN Raltime		COUNTY	STATE	=
	24 FUNERAL DIRECTOR	J. Ru		Baltimore			250 DATE R	REC'D. BY REGISTRAR	256. REGISTRA		URE	

Total Constant of the contract of the contract

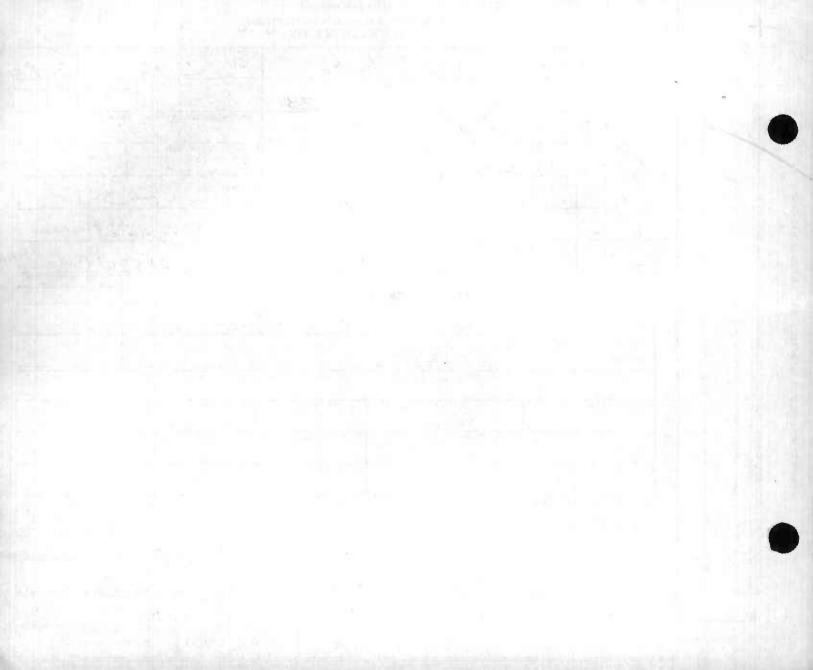
in the second of the second of

Arere the seconds for once consequence offers are second to be a s

And account to the second to t

			FOR			DEPART			AARYLAND I AND MENTAL	HYGIEN	= 22	21	0 1	
		1-	STATE REGISTRAR		MI		EXAMIN		5-4	OF DEA	TH REG.	NO	1	
-	6231	1. DÉ	CEASED NAME	FIRST		WIDDLE			LAST		20 DATE KNOWN		DAY YEA	R 2b HOUR
	82.68	(TYP	E OR PRINT	Arret	r-3	Str	eeter		Chorm		OF ESTI-		22 10 00	
	PEE PEE	3. SEX		4. RACE	5. DATE OF BIRTH		6. AGE (IN YE	ARS IF U	Cherry JDER 1 YR. LIF UNDER	R 24 HRS	2c. DATE	MONTH	22 19 86 DAY YEA	AR 2d HOUR
	HEASE DIRECTOR. COUR FILES TO STREET,	E	male	Black	2 16	33	53 Y		HS DAYS HOURS	MIN	PRONOUNCED	8	22 1986	h For
-	A A A A A A A A A A A A A A A A A A A		RTHPLACE (ST		7b. CITIZEN OF V			RS.	V		9 BALTIMORE CIT			1 111
	出版の		arylanc		U.S.			WIDOV	IED X NEVER MAR	RIED		_		
_		10 CI	TY OR TOWN	OF DEATH			IRSING HOM		IER INSTITUTION		Baltimor		12b. KIND OF	BUSINESS
2	. IF ANY DELÂY IS. 2, AND 3 TO THE D. 3. RETAIN PAGE PSHOULD BE FILED ALL RECORDS, 201		Baltimo		(IF NOT IN SUCH I	FACILITY, GIVE S	TREET ADDRESS]				OST OF WORKING LIFE)		OR INDU	STRY
N	DEL N P	USUA	L RESIDENCE		OR OTHER INSTITUTION	GIVE RESIDENCE	opkins		ital		ook			1
2	C CETA ANY	13a S	arylanc	136 COUN		13c CITY	or town		YES XX NO		ET ADDRESS	ad Auga	210	000
0	2, A 3, B 3, B 3, B	_	THER'S NAME] Da	LIMORE	3	15 MOTHER'S MAIL		8 Homewoo	od Aver	Tue ZIZ	:02
, i	E-20		EIRST		WIDDLE	Mosas	LAST		FIRST	DEIN INAME	MIDDLE		LAST	
OR	200 € € 0	16n- V	Chester VAS DECEASED	EVER IN U.S. AR	MED FORCES?	Morr	CIAL SECURIT	Y NO.	LUC Y		ADDRI	ESS		
BALTIMORE	H-9000	(Y	NO, OR UNKNO		WAR OR DATES				Vananias	Lauria			ad A., a.,	
NA NA	URS AFT 8. GIVE WITH F T. PAGE DIVISIO			E DEATH (Fator on	ly one couse per lir	- 4 (- \ /b	1 (1)		<u> Veronica</u>	Lewis	620 N.	Belnor		
201 W. PRESTON ST.,		7	PARTIDE	ATH WAS CAUSE	D BY:			otia	cardiovas	aular.	disease		BETWEEN ON	NATE INTERVAL
NO.	N 24 HO N ITEM 1 A IONG IT PERM IYGIENE, NOVAL.		1	IMMEDIA	E C1100= (0)		VSEQUENCE		Carutovasi	Culai	ursease			
ES	HIN L IN NSIT EMO			s, if ony, which										
× ×	AINE TRAINE			e to immediate stating the under-	(b)	RASACOR	NSEQUENCE	OF						
102	CUTED WITHII I N PENCIL I EXAMINER RIAL-TRANS ID MENTAL HION, OR REA	100	lying cou	se last.			10000001100	01					100	
os,	LILD BE EXECUTED WITHIN 24 HOW PROBLEY, IN PENCIL IN ITEM 11 FOR A BE IRAL - TRANSIT PERMIT FEATTH AND MENTAL HYGIENE, L. CERMATION, OR REMOVAL.		PART 2 OTHER SIG	SNIFICANT CONDITIONS	CONTRIBUTING TO DEAT	H BUT NOT REL	ATEO TO THE TEN	AINAL DISEAS	E OR CONDITION GIVEN IN I	PART Luci				
8	D BE DIEC ENDING: MEDICAL AS A BUS EALTH AN	Z	1075		Diabete			MINAL VIJER	t or complition distingly	ARE FIG.				
N. N.	MED AND AND AND AND AND AND AND AND AND AN	A	19a. DATE OF	OPERATION				RATION W	AS PERFORMED?				20 AUTOPS	SY?
DIVISION OF VITAL RECORDS,	PACE USE OF E	CERTIFICATION											YES [NO [X
7	CERTIFICATE SHOW ITING THE WORD OF THE CHIE E3 SHOULD BE USED FROM THE CHIEF TO THE CHIEF TO FROM TO FROM TO FROM TO FROM THE FRO	1		L CAUSE WAS	21b. TIME C			21c H	OW INJURY OCCUR	RED LENTER N	SATURE OF INJURY IN ITEM	A 18 PART I OR PAI		NO LA
N	SHOOK A		UNDERLYING	OR OF CAUSE OF I			DAY YEA	R						
VISIO	GERTIF TING 3 SHC DEPAI	MEDICAL	21d INTURY C	CCURRED	21e PLACE	OF INJURY	(AT HOME,		CATION					
6	THIS C WARDI WARDI WARDI WARDI STATE D 21201	¥	WHILE AT WORK	NOT WHILE	STREET, FA	CTORY, FARM, E	TC.]		STREET		CITY OR TOWN	COL	NIA	STATE
	TSSEE	0.6			e of the remains d		1				Inquery X			
	A S S S S S S S S S S S S S S S S S S S	-	deoth resulte	11	al aduses (2)	Accident		Autop				and in my op	non	
-	SET		deoin resulte	d from June	Tourses V-4.	Accusent	L., 30	picide	, Homicide	Undete	ermined manner	٦.		
	MONTH N		ACTUAL SIGNATURE_	1 les	11:4	Koh			.D. Assisati	nt:	CALEVANALES	DATE	8/23	3/86
	SEAT SEATON	P		-	/	1				WEDI	CALEXAMINER	SIGNE	0 0/20	7,00
	TIN THE COM		EXAMINER'S I	NAME Cha	arles P./	Kokes	, M.D.		ADDRESS 111	Penn	St. Bal	to.MD.		
	TO MEDICAL EXAMINEE. TI EXECUTE THE CERTIFICATE. PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PAFER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2	23a.Bl	JRIAL, CREMAT	ION, REMOVAL 2	36 DATE	23ε.	NAME OF CE	METERY C	RCREMATORY	23d. LO	CATION		174	
07/84		(5	BURIAL		8/27/86	Ba	altimor	re Ce	metery	Ba	iltimore,	COUN	Md.	STATE
25M	DHMH - 17		NERAL DIREC		ADDRE		0.112			REC'D. BY	REGISTRAR 256 RE	GISTRARISS		
	(VR A15 ME (5))			uneral H	omes 11	01 E	North	Aven	ue AUG	326	1988 gruns	Josephan		

				STATE OF MARYLAND		5 0 9
+	1-	FOR STATE REGISTRAR	DEPARTM	ENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	· ·	6 6
6016	1 00				REG. NO.	DAY YEAR 126 HOUR
oy be O		CEASED NAME AND FIRST OR PRINT)	MIDDLE	Chester	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
pog r de	3. SE	14	RACE	5. DATE OF BIRTH	6 AGE (ALYEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
ector.		I	3	MONTH DAY 23	62 YRS	MONTHS DAYS HOURS MIN.
Po di			CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
		OUNTRY) MD	USA	WIDOWED DIVORCED	City Da	trance MD.
111章	10 CI	TY OR TOWN OF DEATH	. NAME OF HOSPITAL, NURSING	G HOME OR OTHER INSTITUTION DDRESS)	120 USUAL OCCUPATION	126. KIND OF BUSINESS OR INDUSTRY
1	FIST	AL RESIDENCE LIF NURSING HOME OR OTH	UNITED STATES OF STATES	P.02 P	Domestic.	SPIVICE
		STATE 13b. COUNTY	Cha 131/CITY OR TOWN		13 STREET ADDRESS / ZIP COD	E ST 21201
2 sh	14. FA	THER'S NAME		15. MOTHER'S MAIDEN NA	ME	1. 1/
and a series		GRST MID	O'Neal	FIRST	M. Willing	Whitingham
dico,		VAS DECEASED EVER IN U.S. ARME		RITY NO. 17 INFORMANT	ADDRESS	16
Pages medico	2	(IF YES, GIVE W	2 18-18-	6131 Cynthia	cleckley 285	7 W Coldspring
		18 CAUSE OF DEATH (Enter only	one cause per line for (a), (b), and	ICI.)	, ,	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
physici encoper event, th		PART I. DEATH WAS CAUSED E	BY. Gond.	ortions for	est	
000		IMMEDIATE (
n, o mot			DUE TO, OR AS A CONSEQUE	/ // //	2184	
otion Troum		Conditions, if ony, which gove rise to immediate	(b) Metasta	The Long W	1168	
er en		couse (o), stoting the	DUE TO, ORAS A CONSEQUE	NCE OF		
d by eose ol, cra		underlying couse lost.	10 4 10 10	Py		
gne en pli buri	z	PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GI	VEN IN PART 110
int. The	ATIO	19a DATE OF OPERATION	TION CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED
hos b perm ows or	CERTIFICATION	THE OF CHANGE		or environment	INCERTI	FYING CAUSES OF DEATH?
physicion printing the hol-tronsit proof Hygier mtol Hygier	ä	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
Phy phy		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DA			
5 5 5 5 E	2	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	21f. LOCATION		
	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA		CITY OR TOWN	COUNTY STATE
os the orked	-	AT WORK AT WORK				
Se colt		220.1 certify that (1) (this haspital) attended the deceased from		, to	19, that (I) (we) lost
POT OF H		sow the deceased alive on above, (I)/(we) (did/(did/not) v		, and that in (my) (our) apinion	death occurred on the date and ho	ur and from the couses stated
hospitol IRECTOR hed for in ept. of H them 21 is		RF	new the body offer death	DEGREE		22c DAJE SIGNED
5 0 0 0 F				MAN ATTENDING	MEDICAL STAFF	2/22/-
		1 Juni	100	PHYSICIAN [DIRECTOR PHYSICIAN	1126 86
D 0 10	/	224 PHYSICIAN'S NAME LYPE OR PI		22e ADDRESS		-// // // //
TO FUNE should be with the	23a F	BURIAL, CREMATION, REMOVAL	23b. DATE 23c N	AME OF CEMETERY OF CREMATORY	128 AOCATION	+ Dal (91)
BP		Burial		Cedar Hill Cemeter	CITY OF TOWN	CO My
		JNERAL DIRECTOR		250 DA		TRAR'S SIGNATURE
HMH - 16 60M 7/84 (VRA 15, 4)	Ma	arch Funeral Home	West 4300 Waba	ash Avenue	00 7 0 1300 Ham	NEW THOOLOUGH AND A STATE OF THE STATE OF TH
(AUV. 12' 4)					4	



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME AUDDLE 20. DATE OF DEATH 7h HOUR 4 RACE AGE LIN YEARS LAST BIRTHDAY IF LINDER I YEAR DAYS YEAR STIHOLI 97 To BIRTHPLACE (STATE OR FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH TE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Illinois USA City WIDOWEDX DIVORCED LECTY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Housewife Mercy Hospital Home Baltimore USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSIONI 13a STATE 1136 COUNTY 134 INSIDE CITY LIMITS? 2012 Rock RoseAve 21211 Balto. Md 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME AUDDLE MIDDLE Alice Tolman Willoughby Thaddeus ADDRESS 60 WAS DECEASED EVER'IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT (IF YES GIVE WAR OR DATES) William Lowry Sr, 2012 Rock Rose Ave 21211 218-09-6096 no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c)
PART I. DEATH WAS CAUSED BY: DAY IMMEDIATE CAUSE (o Conditions, if ony, which gove rise to immediate cause (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO NO F 71a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURALOF INJURY IN ITEM 18 PART I OR PART 2) 00 OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) PM 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE (AT HOME STREET FACTORY, OFFICE, FARM ETC) WHILE NOT WHILE 220.1 certify that (I) (this hospital) attended the deceased from Ch sow the deceased alive on 00 18 86 19 obove, (1) (we) (did) (did not view the body after death. _, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN [DIRECTOR PHYSICIAN ld b 230 BURIAL, CREMATION, REMOVAL 23d LOCATION Burial Balto. Md Woodlawn 9-2-86 Lorraine Park Cem. 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 Burgee-Henss Funeral Home 3631 Falls Rd 21211

(VRA 15, 4)

nena Davidson handers

01441=00 1

Service and the service and th

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG NO MONTH 26 HOUR 12b. KIND OF BUSINESS OR AT HOME UNKNOWN APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

DECEASED NAME 20. DATE OF DEATH TYPE OR PRINTS FANNIE 3 SEX FEMANE To BIRTHPLACE (STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED COUNTRY BANTIMORE KMSSIA DIVORCED NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION CENTER WOUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 3e STREET ADDRESS / ZIP CODE 13d INSIDE/CITY LIMITS? AVTIMORE 620 WINCENT LANE NO 14 FATHER'S NAME RIFKIN MEIER TEMA MRS. MIRIAM J. BENDER 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17 INFORMANT NO OR UNKNOWN LIF YES, GIVE WAR OR DATES! 101-30-2757 4212 FALLSTAFF RD. BALTO. MD 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY HEART FAILURE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LID CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES T NO [71m ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER NOTIFY MEDICAL EXAMINERS P.M. 10 21d INJURY OCCURRED 21L LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME STREET, FACTORY OFFICE FARM ETC) STREET STATE NOT WHILE 220.1 certify that the (this haspital) attended the deceased from sow the deceased alive on_ and that in (ma) (our) opinion death occurred on the date and hour and from the causes stated above, (we) (did) (did not view the body after death 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 27d PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL 231. NAME OF CEMETERY OR CREMATORY 236 DATE 22,1986 HEBREW YOUNG MEN

DHMH - 16 60M 7/84

8

ŏ

MPORTANT

6010 REISTERSTOWN RD. (VRA 15, 4)

BURTAL

FOR

- STATE

REGISTRAR

SOL LEVINSON BALTO MD

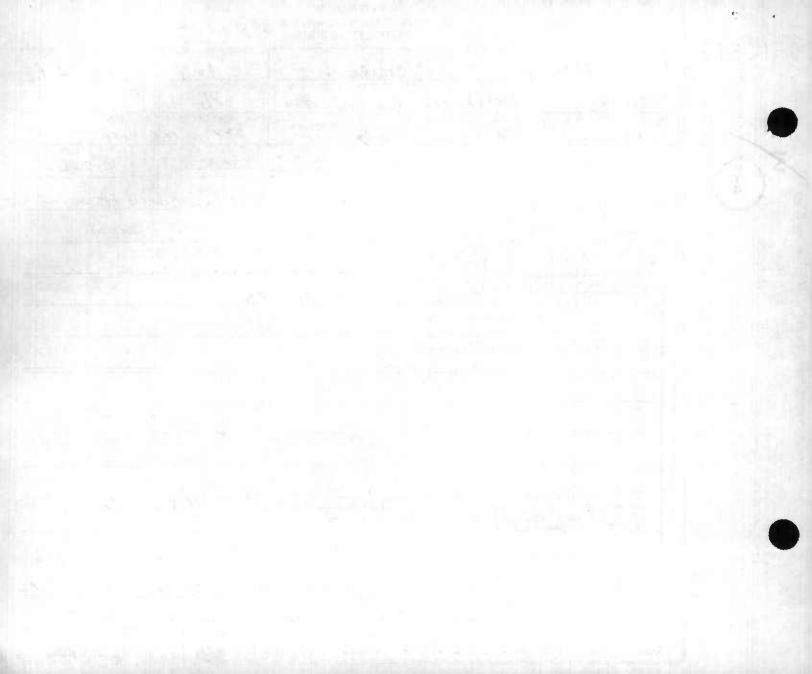
AUG.

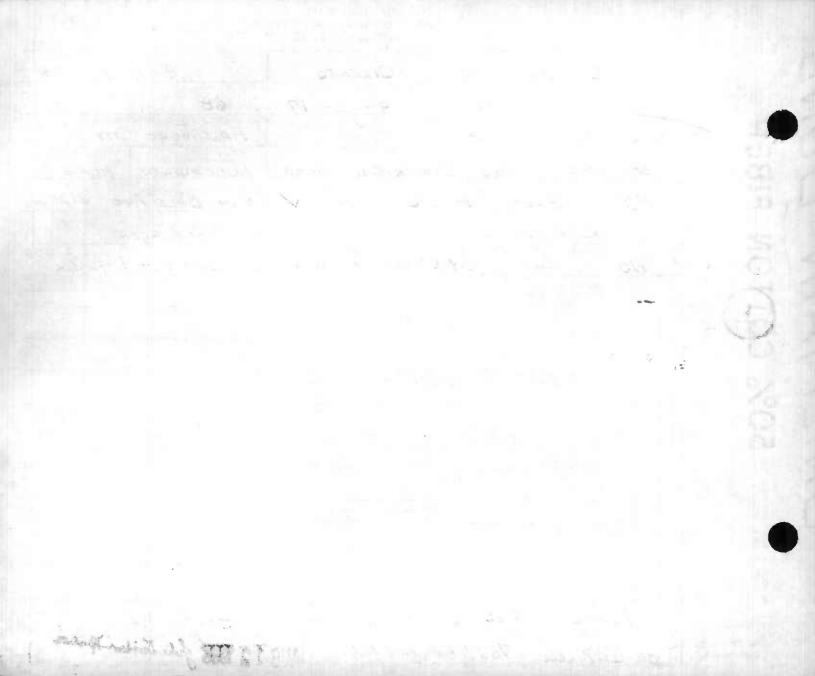
21215

BALTIMORE

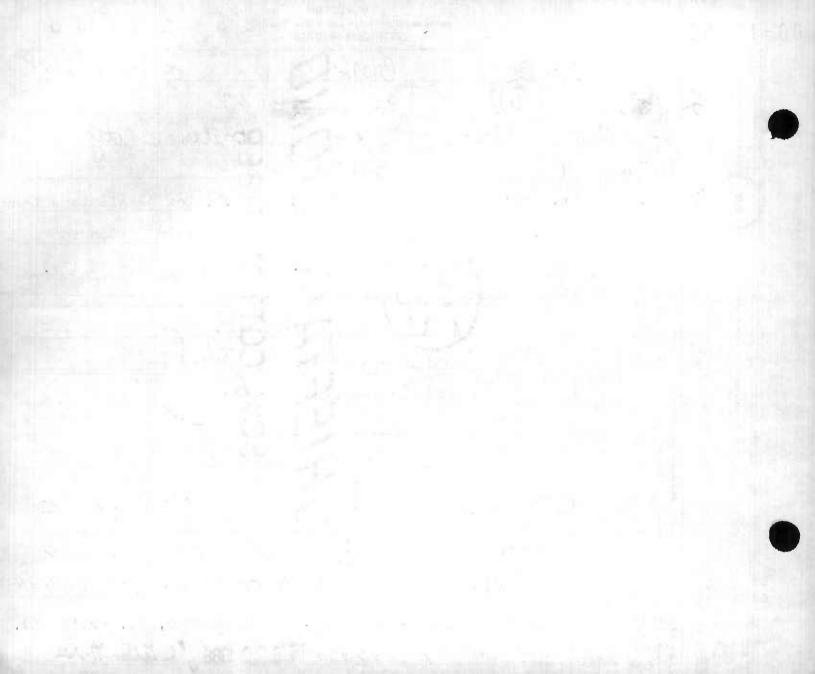
250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

relia Davidson fandala







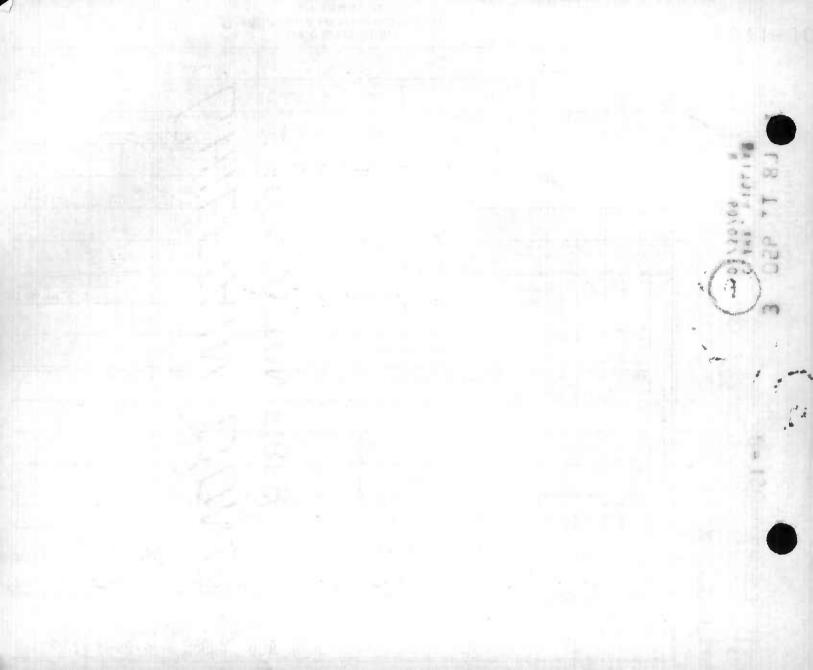


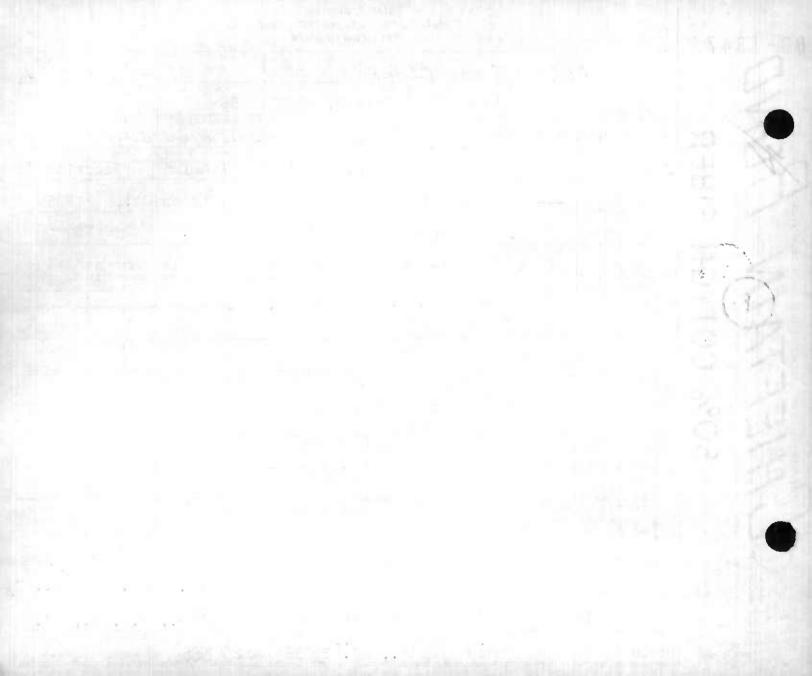
0.0		STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	0.	
C C C		CEASED NAME FIRST OR PRINT) Sarah	WIDDLE	Wilson)Cl	ark		8 18	YEAR 26 HOUR
0 0	3. SE	X	1 RACE	5. DATE C		& AGE (IN YEARS LAST BIR	THOAY) IF UN	OER I YEAR IF UNDER 24 HRS
2 2	-	F ¹	В	MONTH	LAY YEAR 98	88	YRS	S DAYS HOURS MIN.
2		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COL	JNTRY? 8.		9 BALTIMORE CITY O		DEATH
1		COUNTRY) Saryland	U.s.a.	WIDOWE	D NEVER MARRIED DIVORCED X	Baltimore,	City	
A	15 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, 1401 NOT th	NURSING HOME	- 43	12a USUAL OCCUPATE (1YPE OF WORK FOR MOST O Housewife	ON 12 IF WORKING LIFE) IN	B. KIND OF BUSINESS OR
2 2	USU	AL RESIDENCE (IF NURSING HOME OF						
25	Ma	aryland 136. COUN		timore	YES NO NO	13e.STRIE ADDRESS, 910 MeDone	ild Street	et 21205
300	14. F	ATHER'S NAME FIRST Unknown	MIDDLE L	AST	IS MOTHER'S MAIDEN NA FIRST Unknown	WE		LAST
led co		WAS DECEASED EVER IN U.S. AR		AL SECURITY NO.	17 INFORMANT	ADDRE	SS	SINTERE,
Bed		YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	nown	Irvin Wilson	910 McDona	ald Street	et
went, the		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	ly one cause per line for 401	, (b), and (c)	onaiy an	est		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
rait. Then please remaye or prior to buriol, cremation, any injury, or other traum	CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT (January 190 DATE OF OPERATION	107	NG TO DEATH BUT	NOT REPATED TO THE TERM	AINAL DISEASE OR CON	20b. IF YES, WE	RE FINDINGS USED
e s	I F		RELLEVA			YES NO	YES [CAUSES OF DEATH?
tem 18 sho	MEDICAL CE	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA		TH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I (OR PART 2)
5	Ě	21d. INJURY OCCURRED	21e PLACE OF INJURY					
	MEE	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY,		211 LOCATION STREET	CITY OR TO	wn (COUNTY STATE
for use as the of Health and 21 is marked a	ME	while NOT WHILE AT WORK 220. I certify that (IX (this hasping saw the decessed alive on above, (I)) we) (did) (did not not be the same of	(AT HOME, STREET, FACTORY	d from	ad that (n (my) (aur) apinian	10 July	December 2010	that (I) (we) last
oched for use as the Dept of Health and If them 21 is marked a	ME	while NOT WHILE AT WORK 220.1 certify that (IX(this hospi saw the deceased aliye on above, (1)) we) (did) (did not 22b. SIGNATURE)	tall attended the deceased 1) liew the body after death	d from	nd that n (my) (aur) apinian DEGREE ATTENDING PHYSICIAN	death accurred on the do	19	that (I) (we) last
oched for use os the Dept of Health and If Item 21 is marked o	ME	while NOT WHILE AT WORK 220.1 certify that (IX (this hasp) sow the deceased alive on above, (1) we) (did) (did no 22b. SIGNATURE)	tall attended the deceased 1) liew the body after death	d from	ad that (n (my) (aur) apinian DEGREE	eath accurred on the do	19	, that (I) (we) last I from the causes stated 22c. DAJE SIGNED
detached for use as the are Dept. of Meolth and IT. If them 21 is marked a	230.	WHILE AT WORK 220. I certify that (IX this hosping saw the deceased alive on above, (I) we) (did) (did not 22b. SIGNATURE) 22d. PHYSICIAN'S NAME (TYPE COMMENT)	101) attended the deceased 1 view the body after death Corporation of the printing of the prin	from 19 SCO., at	STREET ATTENDING PHYSICIAN PHYSICIA	eath accurred on the do	ote and hour and	, that (I) (we) last I from the causes stated 22c. DAJE SIGNED



midespecialization of the S. G. H. C.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGJENE & - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. I. DECEASED NAME 20. DATE OF DEATH MONTH 25 HOURD LIYPE OR PRINTS WILLIAM D. CLARK, SR 11:30 AUGUST 1, 1986 3 SEX 4. RACE 5 DATE OF BIRTH 6. AGE LIN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS Black male 30 1909 TO BIRTHPLACE (STATE OR FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED COUNTN'. C. BALTIMORE CITY WIDOWED DIVORCED [14 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) BALTIMORE JOHNS HOPKINS HOSPITAL Retired 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Baltimore 2813 Guilford Avenue Md 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDOLE MIDDLE FIRST George Clark Turner **ADDRESS** 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17. INFORMANT (YES, NO OR UNKNOWN) 2813 Guilford Avenue Corine Clark. 226-07-3435 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c'.) PART I. DEATH WAS CAUSED BY Cardiopulmonary 3-5 min DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITARRECORDS, CATION Lung mass 98 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO I 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF MUURY IN ITEM 18 PART I OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 19 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased fram, and that in (my) (aur) opinian death accurred on the date and hour and from the couses stated saw the deceased alive an_ abave, (1) (we) (did) (did not) view the body after death 27b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS MPORT. 600 N. Wolfe St. Balt. Md 21200 231 NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY)Burial Baltimore 8/6/86 Mt Auburn Cemeterv 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 March Funeral Home West 4300 Wabash Avenue (VRA 15. 4)





	FOR
-	STATE
	DECKERAD

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE O

22212

ŝ		REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO				
Ġ		OR PRINT	FIRST	A	AIDDLE	l	AST	20 DATE OF	DEATH "	AONTH [DAY YEAR	2b. HOUR	
	()///		zabet	h	A	Cla	SS	A 150		8 2	5 86		M
	3 SEX	(4 RACE	FEREN	5. DATE C		6 AGE INYE	ARS LAST BIRTH		IF UNDER I YEAR		AIN.
3	F	emale		White	Э	5	22 16	70	04.	YRS.			
1		RTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMOR	E CITY OR	COUNTY	OF DEATH		
2	Ma	aryland		US.		WIDOW	DIVORCED		Baltin				MD.
	(50)	TY OR TOWN OF DEA	TH	(IF NOT IN SUC	HOSPITAL, NURSIN HEACILITY, GIVE STREET		OR OTHER INSTITUTION 21218	12a USUAL C			E) INDUSTRY	F BUSINESS	
-		lto. City		1 1 -		Rd.	21210	RIN			St. Jo	os. Hos	sp.
	13a. S	at residence (if Nurs state aryland	136. COUL		Baltimo	N	13d. INSIDE CITY LIMITS?	130 STREET A	DDRESS / Eastv	ZIP CODE	d.Balto	2, Md.	
	14. FA	THER'S NAME		WIDDIE	LAST	4	15 MOTHER'S MAIDEN NAM	ME	ANDDLE		ĮA.	ST	
		Clarenc			Lockard		Edna				Marsha.	11	
		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRES			21082	
		No			215-50-5	070	Mrs. Wm. Cl	ass 12	422 R	egwoo			
		18 CAUSE OF DEATH	H (Enter or	ly one couse per	line for (a), (b), an			0 . D		- 4 -	BETWEEN	ONSET AND DEA	TH
H		PARTI DEATH W		TE CAUSE (0)	MASIAN	ADE	NOCARCINOMI	H OF H	ANCIE	EAS	6	WO.	
				DUE TO, OI	R AS A CONSEQUE	NCEOF							
		Conditions, if ony, gove rise to imn		(b)									
		couse (a), statin underlying couse	g the	DUE TO, OI	R AS A CONSEQUE	NCE OF							
				(c)									=
9	Z	PART 2 OTHER SIGN	VIFICANT	CONDITIONS <u>CC</u>	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE	ORCOND	IIION GIV	EN IN PART 1	0	
-	CERTIFICATION	19a DATE OF OPERAT	TION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTO	PSY?		, WERE FINDI		_
7	FF							YES 🗀	ПОИ		YING CAUSES	OF DEATH?	
5	CER	21a. ACCIDENT WAS UND	-	216. TIME O		M MEAR	21c HOW INJURY OCCURR	RED (ENTER NAT		Y IN ITEM IS P	ART I OR PART 2)		_
9		OR CONTRIBUTING		nin -	M. MONTH DA	AY YEAR	The same of the same of						
	MEDICAL	21d INJURY OCCURE		21e PLACE	OF INJURY		211 LOCATION		CITY OR TOW	VN	COUNTY	STATE	
	¥	WHILE NOT WH	RK -	(AT HOME STR	EET, FACTORY, OFFICE, F	ARM, ETC.)	SINCE		CITI GATON		200	3770	
		22a.1 certify tho	this hospi	ital) attended th	e deceased from	APR	L 30 19 188	1 to 10	0-25		1986	that (I) we)	lost
		sow the figuresse obove (1) wells	did idid no	view the body	17.4	. 0	nd that in (my) (our) apinion o	death occurred	d on the dot	te and hou	ond Irom the	couses stated	ł
f		17% SIGNATURE	20		TO-SERVICE	757h	DEGREE				22c. DATE	SIGNED	
		AL	eleu	al		-	ATTENDING PHYSICIAN	DIRECTOR [PHYSICI	IAN 🗍	85	5/86	
ľ		THE PHYSICIANS A					22e ADDRESS	2					
				eman M.D			Osler Medic	eal Ctr	· Su	ite 3	11		
	23a B	URIAL, CREMATION,					EMETERY OR CREMATORY	23d LOCA	TION	1.11	COUNTY	STATE	E
1		Euria	T	8-28			wood /Cemetery				imore,		and
	24 FL	UNERAL DIRECTOR			ADDRESS		2 10	E REC'D. BY RE	GISTRAR 2	Sh REGIST	RAR'S SIGNA	IURE	
	19	SSAHN KUN	431	Hame	BALTO.	MD.	21236 AUG	YAL	grow	whend	sor-Mand	مالك و	

DHMH - 16 50M 4/83 (VRA 15, 4)

MPORTANT: If Item 21 is

BU 89		A		
				Tuesday.
	1010101			100
				1 11 11 100 3
				A STATE OF THE STA
				A STATE OF THE STA
	Maria San Province			
			and the same of th	
	AMPRICA DE AMOU	Santa M.	THE CONTRACTOR OF THE PARTY.	
			The same of the sa	
Maria Was				
M 1545 - 3757	75 394 1891			
			CE TO THE PARTY OF	
Aslas a				
	\$20			

28UA 1 1 5 6 200 000 00

FORTES GERTRIOS NST. BALTIMORE, MARYLAND 24.201

BU CON OF VITAL RECORDS, 201 W. PRESTON

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

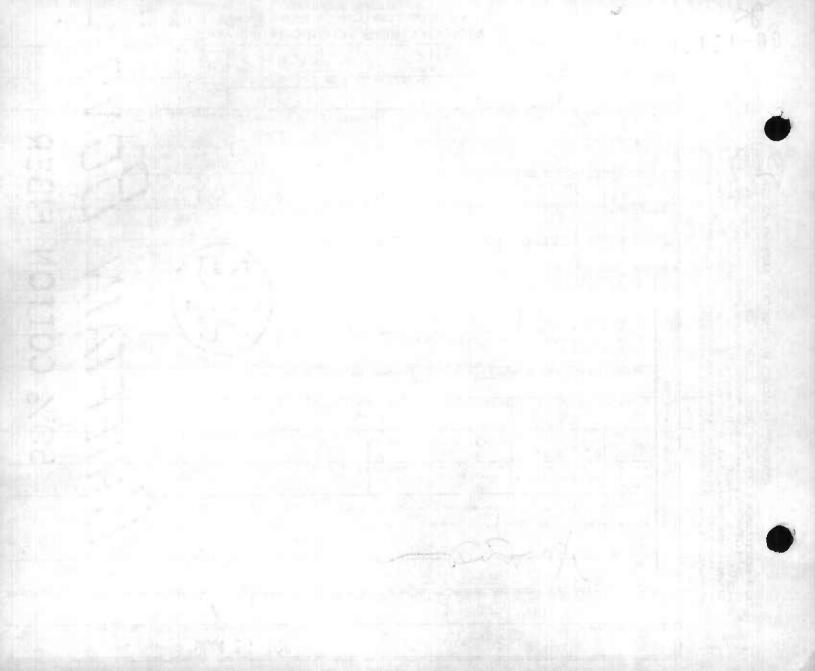
22214

					ICATE OF DEATH	REG. NO.					
REGISTRAR I DECEASED NAME (TYPE OR PRINT) 1. SEX	FIRST	A	MIDDLE	L	ASI	20 DATE OF DEATH M	ONTH DAY	YEAR	26 HOUR		
[TYPE OR PRINT)	GERTI	RUDE		CC	ATES	AUGUST 1	5, 19	86	6:01		
SEX		4 RACE	- A-3	5. DATE C		6 AGE (IN YEARS LAST BIRTH		UNDER I YEAR			
F	8.8	В	1000	June		74	MOURS				
BIRTHPLACE (STATE OR	FOREIGN . 7	b CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY OR					
Marvland		U.s	s.a.	WIDOWE		BALTIMOR	E CIT	Y			
CITY OR TOWN OF DEA	ATH	11. NAME OF			OR OTHER INSTITUTION	12b USUAL OCCUPATION 12b KIND OF BUSIN					
BALTIMORE			S HOPKIN		SPITAL	N/A	WORKING (IFE)	INDUSTRI			
JOUAL RESIDENCE (IF NURS	136 COUN		130. CITY OR TOWN		13d INSIDE CITY LIMITS?	13e STREET ADDRESS / 2	ZIP CODE				
Maryland	100 00011		Baltimo		YES X NO	201 North B	roadwa	y 21	1231		
FATHER'S NAME		AIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME			AST		
Unknown					Unknown	Moore			(31		
WAS DECEASED EVER		MED FORCES?	16b SOCIAL SECUR	RITY NO.	17 INFORMANT	ADDRES	S				
No	(11 163, 0116	WAR OR DAILS)	Unknown	n	George Coate	s Jr. 2111 G	arrisc	n Bly	vd.		
18 CAUSE OF DEAT	H (Enter only	y one cause per	line for (a), (b), and			APPROXIM BETWEEN OF					
PART I. DEATH W	IMMEDIATE		CARDIAG	2 AF	REST		mutes				
		DUE TO, OF	R AS A CONSEQUE	NCE OF		THE DESIGNATION OF THE PERSON		1			
Conditions, if any,		(6)	RESPIR	ATO	RY FAILURI			10 W	reeks		
gove rise to immo	ng the	DUE TO, OF	R AS A CONSEQUE	NCE OF				17	10 4 h A		
underlying cause	last	(c)_(c)	CHRONII (OB	STRUCTIVE	LUNG DISE	ASE	15 9	earin		
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIV									10		
comA,	MIKI	1 L AK	KAINALIH	- 1 V	LMONARY H	LYPERTENSION					
	IION	196 CONDI	TION FOR WHICH (SPERATIO	N WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DE					
DATE OF OPERA							IN CERTIFYIN	NG CAUSE	S OF DEATH?		
DATE OF OPERA		211 71445 (E INTURY		În How himpy occup	YES NO	YES		NO 🗆		
OR CONTRIBUTING TH	DERLYING	21b. TIME O HOUR A.	F INJURY M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURI	YES NO	YES		NO 🗆		
OR CONTRIBUTING TH	DERLYING CAUSE OF DEAT	HOUR A.	M. MONTH DA M.	Y YEAR		YES NO	YES		NO 🗆		
OR CONTRIBUTING (IF EITHER NOTIFY MEDI	DERLYING CAUSE OF DEAT CAL EXAMINER)	HOUR A.	M. MONTH DA M.	19	21c. HOW INJURY OCCUR!	YES NO	YES		NO 🗆		
OR CONTRIBUTING (IF EITHER NOTIFY MEDICAL PROPERTY OF COURT OF THE WORK NOTIFY MEDICAL PROPERTY OF THE PROPERTY OF THE WORK NOTIFY MEDICAL PROPERTY OF THE PRO	DERLYING CAUSE OF DEAT CAL EXAMINER) RED HILE RE	HOUR A.P.	M. MONTH DA' M. OF INJURY GEET, FACTORY OFFICE FA	19 ARM, ETC)	211 LOCATION STREET	YES NO	YES (COUNTY	NO [
OR CONTRIBUTING 4 (IF EITHER NOTIFY MEDI 21d INJURY OCCURI WHILE NOT WE WORK NOT WE 22a certify that (1)	DERLYING CAUSE OF DEAT CAL EXAMINER) RED THIS CALL THIS CAUSE THIS	HOUR A.I P.I 21e PLACE (AI HOME STR	M. MONTH DA' M. OF INJURY PEET, FACTORY OFFICE FA	19 ARM, ETC)	211 LOCATION STREET	YES NO RED (ENTER NATURE OF INJURY	YES	COUNTY	NO STATE		
OR CONTRIBUTING (IF EITHER NOTIFY MED) 21d INJURY OCCURI WHILE NOT WE WHILE NOT WE WHILE NOT WE AT WO 22a certify that (1) saw the decease above, (1)	DERLYING CAUSE OF DEAT CAL EXAMINER) RED THIS CALL THIS CAUSE THIS	HOUR A.I P.I 21e PLACE (AI HOME STR	M. MONTH DA' M. OF INJURY PEET, FACTORY OFFICE FA	19 ARM, ETC.) 6 - 86 on	21f LOCATION STREET 19 26 and that in (my)(Cour) opinion	YES NO RED (ENTER NATURE OF INJURY	YES	county	NO		
OR CONTRIBUTING (IF EITHER NOTIFY MEDI 21d INJURY OCCURI WHILE NOT WE WORK NOT WE 22a certify that (I)	DERLYING CAUSE OF DEAT CAL EXAMINER) RED THIS CALL THIS CAUSE THIS	HOUR A.I P.I 21e PLACE (AI HOME STR	M. MONTH DA' M. OF INJURY PEET, FACTORY OFFICE FA	19 ARM, ETC.) 6 - 86 on	21f LOCATION STREET 19 26 and that in (my)(cour) opinion DEGREE ATTENDING	YES NO RED (ENTER NATURE OF INJURY CITY OR TOWN to 8-15 death occurred on the date	YES VINITEM 18 PART	county	NO STATE		
OR CONTRIBUTING (IF EITHER NOTIFY MED) 21d INJURY OCCUR WHILE NOT WE WORK NOT WE 22a certify that (I) saw the decease above, (I)	CAUSE OF DEAT CALEXAMINER) RED HILE This hospith ed oil (did not	21e PLACE (AT HOME STR	M. MONTH DA' M. OF INJURY PREEL FACTORY OFFICE FA	19 ARM, ETC.) 6 - 86 on	211 LOCATION STREET 19 56 and that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN [YES NO RED CENTER NATURE OF INJURY CITY OR TOWN 10 8 - 15 death accurred on the date MEDICAL STAFF DIRECTOR PHYSICIA	YES IN ITEM 18 PART	county	stati		
OR CONTRIBUTING (IF EITHER NOTIFY MED) 21d NJURY OCCUR WHILE NOT WH WORK AT WO 22a I certify that (I) saw the decease above, (I) We) (6) 22b. SIGNATURE	CAUSE OF DEAT CAL EXAMINER) RED HILE This hospith ed alive on add (did not	21e PLACE (AT HOME STR 1) view the body PRINT)	M. MONTH DA' M. OF INJURY GEEL, FACTORY OFFICE, FA e deceosed from after death.	19 ARM, ETC.) 6 - 86 on	21f LOCATION STREET 19 26 and that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN [22e ADDRESS]	YES NO NOT RED (ENTER NATURE OF INJURY CITY OR TOWN TO 9-15 death accurred on the date MEDICAL STAFF DIRECTOR PHYSICIA HINS HOPKI	YES IN ITEM 18 PART 19 e and hour a	COUNTY 86 and from the 22c. DATE	stati		
OR CONTRIBUTING (IF EITHER NOTIFY MED) 21d INJURY OCCUR! WHIE NOT WAT WORK NOT WAT WAT WAT WAT WAT WAT WAT WAT WAT WA	DERLYING CAUSE OF DEAT CALEXAMINER) RED THE CAUSE OF DEAT MRK Whis hospite AME (TYPE OR	21e PLACE (AT HOME STR 1) view the body PRINT)	M. MONTH DAM M. OF INJURY PRET, FACTORY OFFICE FA e deceosed from ofter death. LROYD	19 ARM. ETC) 6 ~ 86 an	211 LOCATION STREET 19 26 and that in (my (Cour) opinion DEGREE ATTENDING PHYSICIAN [22e ADDRESS TO BALTIN	YES NO NOT RED (ENTER NATURE OF INJURY CITY OR TOWN TO 9-15 death accurred on the date MEDICAL STAFF DIRECTOR PHYSICIA HINS HOPKI	YES IN ITEM 18 PART 19 e and hour a	COUNTY 86 and from the 22c. DATI	stati		
21a ACCIDENT WAS UNI OR CONTRIBUTING (IF EITHER NOTIFY MEDY 21d INJURY OCCURI WHILE NOT WHILE NOT WHILE NOT WHILE WORK ALWO 22a I certify that (I) Sow the decess obove, (I) We) (6 27b. SIGNATURE 22d. PHYSICIAN'S NOTIFY	DERLYING CAUSE OF DEAT CALEXAMINER) RED THE CAUSE OF DEAT MRK Whis hospite AME (TYPE OR	PRINT) HOUR A.I P.I 21e PLACE ((AT HOME STR 8 - 1.5) view the body PRINT) HOUR A.I P.I PRINT)	M. MONTH DAM M. OF INJURY DEEL FACTORY OFFICE FA e deceosed from other deoth. LROYD 136 N	19 ARM. ETC) 6 ~ 86 an	216 LOCATION STREET 19 96 and that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN [22e ADDRESS TO BALTIN EMETERY OR CREMATORY	YES NOT NATURE OF INJURY CITY OR TOWN TO 8-15 death accurred on the date MEDICAL STAFF DIRECTOR PHYSICIA HAS HOPKI AORE, MD	YES IN ITEM IS PART IN ITEM IS PART AN ID AN I	COUNTY 86 and from the 22c. DATE	stati		

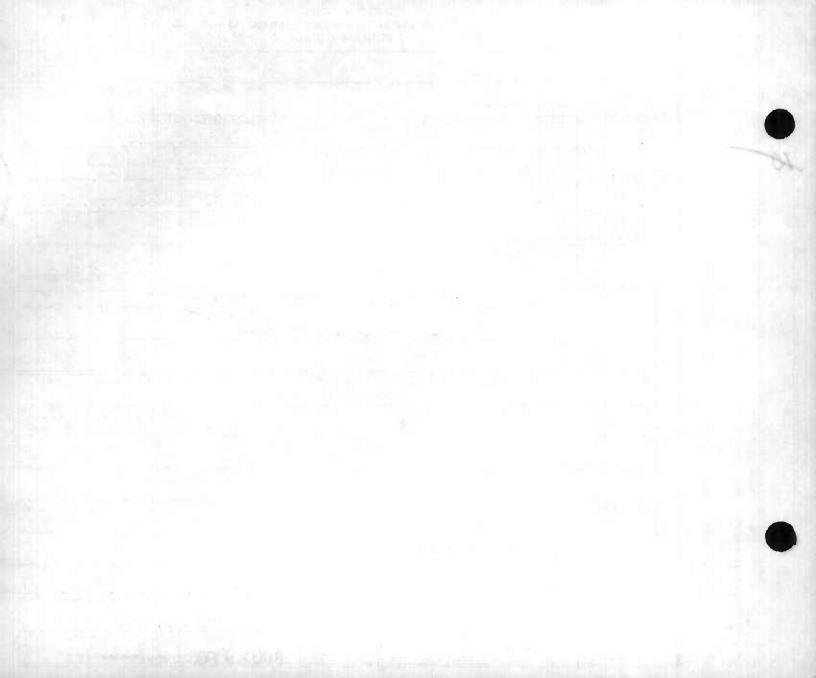
DHMH - 16 60M 7/B4 (VRA 15, 4)



X	\times		FORL8a,	2 lbc	def	,22	a	DE	PART	SI MENT C	F HEA	OF MA	RYLAN	ID ENTAL I	TYGIEN	AE.	5)	2	2	1	5	
100	-1212	0	REGISTRAR		18 8	/15			CAL	EXAM	INER	S CE	RTIFIC	CATE	OF DEA	TH	REG	G. NO.	15-49		1	
, 00	1213				FIRST		H :-	٨	WIDDLE	1	99	LAS	ST	ng k				N	MONTH	DAY	YEAR	76 HOUR
	HEERS				LORIA				В.								MATE	D 🕅	7		1986	٨
	유민교 오랫				-1.		E OF BIR	HTS	OYEAR.	EAST BIR		NONTHS	DAYS	HOURS	24 HRS.			^	HINOM	DAY	YEAR	2d HOUF
	A A A A A A A A A A A A A A A A A A A	1			CK	/ /					YRS.					-			7	8	1986	9A N
-	STATE OF STA	FO FO	REIGN COUNTRY	d				Λ	I COUN	TRY?			-		77					TY OF E	DEATH	
	220	Acres 1			Н			HOSPII	TAI NIII	SING HO										125 KI	ND OF BU	MD
6	2328					(IFI	NOT IN SUC	CHFACILI	ITY, GIVE ST	REET ADDRES	55]	OTTICK	11431110	1014	FOR	MOST OF WO	ORKING LIFE	ed (III)	WORK		RINDUSTI	
VA	E SEE	USUA	L RESIDENCE		ING HOME C			N, GIVE F	RESIDENCE	BEFORE ADM	ISSION)				-	· · · · · ·			1		217	0/-
2750	発動が	13a S	Md Md	1	36 COUN	ITY			Balt	ORTOW	e^			TY LIMITS?	13e STR	6000	Mora	avia	ı Pa	rk í	Drive	00
WD.	T NE CHEST	[4. FA	THER'S NAME			MIDDLE				AST		15								70.7		
SE,	S S S S S S S S S S S S S S S S S S S	1	Ridgel		363								Beri	nice						Co	ole	
IIW	ON SES	16a V	VAS DEČEASEI ES, NO, ORUNKNO	DEVER II	IF YES, GIVE	MED FO WAR OR D	RCES?											.,		100		
BALTIMOR	S AF GIV INSI										093		Bern'	ice C	ole	52 1	V. Mo	onas	ter			
ST.	2 60 \$ F. O 1		PART I DE																		PPROXIMATE WEEN ONSE	T AND DEATH
ON	24 H ITEA LON PER GIEN		2777		IMMEDIA1							LCa	atio	n					-	+		
PRESTON ST.,	HIN NSIT A					1				5640614												
3			couse (o)	stoting t			(-)	OR AS	S A CON	SEQUENC	E OF			10			100			+-		
201	EXA NO.		lying cou	se lost.			(c)													35		
RECORDS,	EXEC NG NG NATION WATER		PART 2 OTHER 51	GNIFICANT	CONDITIONS	CONTRIBU	TING TO DE	EATH BUT	NOT RELA	LEO TO THE I	ERMINAL C	ISEASE OF	CONDITION	GIVEN IN PA	IRT I (a)							
0	AS A	S S																				
	OULL JSED JSED JAL,	ICA	190. DATE OF	OPERAT	ION		19b. CON	NDITIO	ON FOR V	WHICH OI	PERATIC	N WAS	PERFOR	MED?						20 A	AUTOPSY?	
IV.	NAC BELL	E	71n EXTERNA	LCAUSE	WAS		21h TIAAF	F OF IN	JIHDV		12	L HOW	/ INTITION	OCCUPRI	D . styren	HATTIES OR I					YESX	NO []
Ö	TA HE STATE OF THE	N C	UNDERLYING		R		HOUR A	A.M. A	HTMON		EAR								TIORPA	RT 2]		
DIVISION OF VITAL	SHO TO TO	DIC	21d INJURY C	CCURRE	D		21e PLAC	CE OF	INJURY	(AT HOME				Ct 1	nges	ted	dru	1 q			222	0.0
20		W	WHILE T	NOTW	HILE E	B			Y, FARM, ET	C.]		STRE		0 Mo	ravi			Dr				O GTATE
	R: TH DRW/ PRW/ P: PA S: STA D, 21				TO THE PARTY OF TH	n of the			had aba	. bald -												TU.
1998	AND THE NAME OF TH										-	1						ond II	n my op	oinion		
10	ERTIE BIRE WITH		deom reson		1				ceideiii		Soicide				Olider	ermined n	nonner 2 (43,				
	ALES WALLS		SIGNATURE.		M	1	1		1	-		_M.D.	,		MED	ICAL EXA	MINER		DATE	p_7-	-8-86	
	NEDIC UNER IMOR	STATE PARTIES AND PROCESSAND PROCESS AND PROCESS AND PARTIES AND P				21201	3.25															
	PAGE AFTE	23e. Bl									CEMETE											
07/84	BP 1/5	(5				7/	11/8	6														Md
25M					1 40-	1.1	ADDE	RESS O	0 11-	h = -1	٨		7	50. DATE	REC'D. BY	REGISTR	AR 256	REGISTE	RAR'S S	IGNAT	URE	119
	(VR A15 ME (5))	I'ld	ren Ful	ierd	I HOM	ie w	est '	430	O M9	basn	Ave	nue		JUL	11	1900	200	المالية وبالما	Marse	1		41



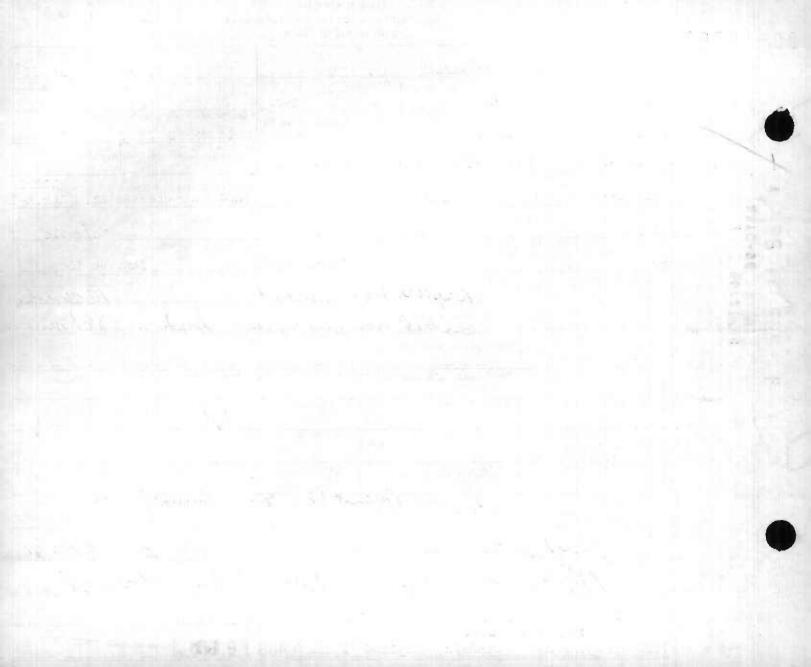
16759	1-	FOR STATE REGISTRAR		DEPARTM	ENT OF H	OF MARYLAND EALTH AND MENTAL HYC ICATE OF DEATH	REG. NO	2 2	2 1	0
		CEASED NAME FIRST	MI	IDDLE	L	AST	20 DATE OF DEATH	MONTH DAY	YE AR	2b. HOUR
noy be poge 3 r deoth		uth Margaret	Somers	Coburr			8/28/8	6		7:30A
moy er d	3. SE)		4 RACE	CODGIL	5. DATE C		6. AGE (IN YEARS LAST BIR	HDAY) IF	UNDER TYEAR	IF UNDER 24 HRS
A not of the A			Cauc.		5 / 1	0/09 YEAR	77	YRS.	NIHS DAYS	HOURS MIN.
2 52 491	7a. BII	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF W	HAT COUNTRY?	8		9 BALTIMORE CITY O		FDEATH	
も野なり		d.	USA		WIDOWE	DI NEVER MARRIED U	Baltimor	e Cit	v	AA
		TY OR TOWN OF DEATH			G HOME C	R OTHER INSTITUTION	12a. USUAL OCCUPATION	NC	12h-KIND OF	BUSINESS OF
\$ to 16/0	B	alto.		Linwoo		enue	Secretary			ro Bro
be find	USU	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION, C	SIVE RESIDENCE BEFORE	ADMISSION)				Co.	
24 h		d.	11A	Balto		YES NO T	508 N. Li	nwood	Ave.	21205
thin thin	14 FA	THER'S NAME				15. MOTHER'S MAIDEN NA				
d wi	D	wight Somers	MIDDLE	LAST		Annie Unkr	nown		LAST	
col Col	160 V	VAS DECEASED EVER IN U.S. AR		166 SOCIAL SECUI	RITY NO.	17 INFORMANT	ADDRE	SS		
ond ond	N		E WAR OR DATES)	213-10-	7304	Donald Col	nirn' 4153	Wilad	a Dri	170
e be		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE					Texas 75		APPROXIA	ATE INTERVAL
uires that the signed by the signed by the please rule, cre tury, or other	7	cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT ((c)	AS A CONSEQUE		NOT RELATED TO THE TERM		OITION CIVEN	IN PART Na	
ow requirements show the second secon	CATIO	190 DATE OF OPERATION	19b. CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFORMED	20g AUTOPSY?	20b. IF YES, V	VERE FINDIN	GS USED
low rei	RTIFICATION	190. DATE OF OPERATION		100	OPERATIO	N WAS PERFORMED		20b. IF YES, V	NG CAUSES	GS USED DF DEATH?
os been os been os bermit. The prior in	CERTIFICATION	710, ACCIDENT WAS UNDERLYING	21b. TIME OF	INJURY		N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V IN CERTIFYIN YES	NG CAUSES (OF DEATH?
low rei] 21b. TIME OF HOUR A.M	INJURY A. MONTH DA			200 AUTOPSY?	20b. IF YES, V IN CERTIFYIN YES	NG CAUSES (OF DEATH?
SICIAN. The low reading physicion. certificate has been urial-transit permit. I temal Hygiene prioritem 18 shaws any in		710. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER TID. INJURY OCCURRED	21b. TIME OF HOUR A.M) P.M 21e. PLACE O	INJURY A. MONTH DA A. DF INJURY	Y YEAR		200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUR	20b. IF YES, V IN CERTIFYIF YES Y IN ITEM 18 PART	NG CAUSES (OF DEATH?
SICIAN. The low reading physicion. certificate has been urial-transit permit. I temal Hygiene prioritem 18 shaws any in	MEDICAL CERTIFICATION	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER	21b. TIME OF HOUR A.M) P.M 21e. PLACE O	INJURY A. MONTH DA	Y YEAR	21c HOW INJURY OCCUR	200 AUTOPSY?	20b. IF YES, V IN CERTIFYIF YES Y IN ITEM 18 PART	NG CAUSES (DE DEATH?
or attending physicion. After this certificate has been seas the buriol-transit permit. I olih and Mental Hygiene priori marked or fem 18 shaws any ir		710. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER TID. INJURY OCCURRED	21b. TIME OF HOUR A.M P.M 21e. PLACE O (AT HOME, STREE	INJURY I. MONTH DA I. IF INJURY ET FACTORY, OFFICE, FA	Y YEAR	21c HOW INJURY OCCUR	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUR	20b. IF YES, V IN CERTIFYIF YES Y IN ITEM 18 PART	COUNTY	DE DEATH? NO
or attending physicion. After this certificate has been seas the buriol-transit permit. I olih and Mental Hygiene priori marked or fem 18 shaws any ir		71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 71d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 72a. I certify that (1) (this haspi	ZIb. TIME OF HOUR A.M P.M ZIe. PLACE O (AT HOME, STREE	INJURY I. MONTH DA I. IF INJURY ET FACTORY, OFFICE, FA deceased fram	Y YEAR 19	21c HOW INJURY OCCUR	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUI	20b. IF YES, V IN CERTIFY IF YES IY IN ITEM 18 PART	COUNTY	STATE
R ATTENDING PHYSICIAN. The low reinforger the physician. RECTOR After this certificate has been hed for use as the buriol-tronsit permit. If hed for use as the buriol-tronsit permit. If ept. of Health and Mental Hygene promitem 21 is marked or frem 18 shows any interm 21 is marked or frem 18 shows any interm 21 is marked or frem 18 shows any interm 21 is marked or frem 18 shows any interm 21 is marked or frem 18 shows any intermediate the programment of the progra		718. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 71d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	21b. TIME OF HOUR A.M P.M 21e. PLACE O (AT HOME, STREE) tal) attended the	INJURY INJURY INJURY IF INJURY ET FACTORY, OFFICE, FACTORY deceased fram 19 Ifter death.	Y YEAR 19 ARM, ETC)	21c HOW INJURY OCCUR 21f LOCATION STREET	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUI	20b. IF YES, V IN CERTIFY IF YES IY IN ITEM 18 PART	COUNTY	STATE
the hospitol or othending physicion. 1. DRECTOR After this certificate hos been tocked for use as the buriol-tronsit permit. It is Dept. of Health and Mental Hygiene prioritif them 21 is morked or frem 18 shows only in them 21 is morked or frem 18 shows only in them.		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF ETHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINER 27a.1 certify that (1) (this haspi saw the deceased alive an above, (1) (we). (did) (did no	ZIb. TIME OF HOUR A.M P.M ZIe. PLACE O (AT HOME, STREE	INJURY INJURY INJURY IF INJURY ET FACTORY, OFFICE, FACTORY deceased fram 19 Ifter death.	Y YEAR 19 ARM, ETC)	21c HOW INJURY OCCUR 21f LOCATION STREET , 19 d that in (my) (our) opinion DEGREE ATTENDING	700 AUTOPSY? YES NO RED (ENTER NATURE OF INJUIT CITY OR TO death occurred an the do	70b. IF YES, V IN CERTIFY IF YES IY IN ITEM 18 PART WN , 19	COUNTY tind from the c	STATE nat (I) (we) la auses stoted
ITAL OR ATTENDING PHYSICIAN. The low rei by the hospitol or attending physician. RAL DIRECTOR After this certificate hos been edetoched for use as the buriol-tronsit permit. It state Dept. of Hoolth and Mental Hygiene priority. NT: If hem 21 is morked or Item 18 shows any in		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF ETHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINER 27a.1 certify that (1) (this haspi saw the deceased alive an above, (1) (we). (did) (did no	21b. TIME OF HOUR A.M P.M 21e. PLACE O (AT HOME, STREI tol) attended the	INJURY INJURY INJURY IF INJURY ET FACTORY, OFFICE, FACTORY deceased fram 19 Ifter death.	Y YEAR 19 ARM, ETC)	21c HOW INJURY OCCUR 21f LOCATION STREET , 19 d that in (my) (our) opinion DEGREE ATTENDING	200 AUTOPSY? YES NO CITY OR TO CITY OR TO	70b. IF YES, V IN CERTIFY IF YES IY IN ITEM 18 PART WN , 19	COUNTY tind from the c	STATE nat (I) (we) la auses stoted
ITAL OR ATTENDING PHYSICIAN. The low rei by the hospitol or attending physician. RAL DIRECTOR After this certificate hos been edetoched for use as the buriol-tronsit permit. It state Dept. of Hoolth and Mental Hygiene priority. NT: If hem 21 is morked or Item 18 shows any in		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 27a.1 certify that (1) (this haspi saw the deceased alive an above, (1) (we) (did) (did no 27b. SIGNATURE 27d. PHYSICIAN'S NAME (TITE O	21b. TIME OF HOUR A.M. 21e. PLACE O (AT HOME, STREET tol) attended the 1) view the body a	INJURY A. MONTH DA A. MONTH D	Y YEAR 19 ARM, ETC)	21c HOW INJURY OCCUR 21f LOCATION STREET , 19 d that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN [200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUI CITY OR TO , to death occurred an the do MEDICAL STAF DIRECTOR PHYSIC	20b. IF YES, VIN CERTIFY IF YES IN CERTIFY IF YES IN ITEM 18 PART	COUNTY county 1 of from the c	STATE STATE August (I) (we) laid august state august august state august state august state august state august state august state august august state august augus
OR ATTENDING PHYSICIAN. The low reinter hospitol or ottending physicion. DIRECTOR After this certificate hos been oched for use as the buriol-tronsit permit. The Dept. of Heolth and Mental Hygiene prioritifiem 21 is marked or frem 18 shows any interest.	WEDICAL	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHITE NOT WHITE AT WORK AT WORK AT WORK Sow the deceased alive an above, (1) (we) (did) (did no 27b. SIGNATURE 27d. PHYSICIAN'S NAME (TIPE OF CONTRIBUTION) TO STAND THE SIGNATION OF THE OF CONTRIBUTION OF THE OF THE OF CONTRIBUTION OF THE OF CONTRIBUTION OF THE OF CONTRIBUT	21b. TIME OF HOUR A.M P.M 21e. PLACE O (AT HOME, STREE tol) attended the toly attend	INJURY A. MONTH DA A. MONTH D	Y YEAR 19 ARM, ETC)	21c HOW INJURY OCCUR 21f LOCATION STREET , 19 d that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN [700 AUTOPSY? YES NO RED (ENTER NATURE OF INJUIT CITY OR TO to death occurred an the do MEDICAL STAF DIRECTOR PHYSIC	20b. IF YES, VIN CERTIFY IF YES IN CERTIFY IF YES IN ITEM 18 PART	COUNTY county 1 of from the c	STATE STATE STATE August (I) (we) lase augusts stoted IGNED
ITAL OR ATTENDING PHYSICIAN. The low rei by the hospitol or othending physicion. RAL DIRECTOR. After this certificate hos been edetoched for use as the buriol-tronsit permit. I state Dept. of Heolth and Mental Hygene prior is tall them 21 is morked or Item 18 shows any in	WEDICAL	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 27a. I certify that (i) (this hasping with the deceased alive an above, (i) (we) (did) (dud no 27b. SIGNATURE 27d. PHYSICIAN'S NAME (TIPE O	21b. TIME OF HOUR A.M P.M 21e. PLACE O (AT HOME, STREE tol) attended the toly attend	INJURY MONTH DA INTERPRETACTORY, OFFICE, FA deceased from	Y YEAR 19 ARM, ETC)	216 HOW INJURY OCCUR 216 LOCATION STREET 19 d that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN [276 ADDRESS 300 E.	Z00 AUTOPSY? YES NO RED (ENTER NATURE OF INJUI CITY OR 10' death occurred an the do MEDICAL STAF DIRECTOR PHYSIC JOPPA Rd., 234 LOCATION CITY OR TOWN	TOB. IF YES, VIN CERTIFY IN YES IN CERTIFY IN YES IN ITEM 18 PARTITION IN THE PROPERTY IN THE	COUNTY COUNTY TO PART 2) COUNTY TO FRANCE S TO ME S	STATE STATE state (I) (we) lo auses stoted



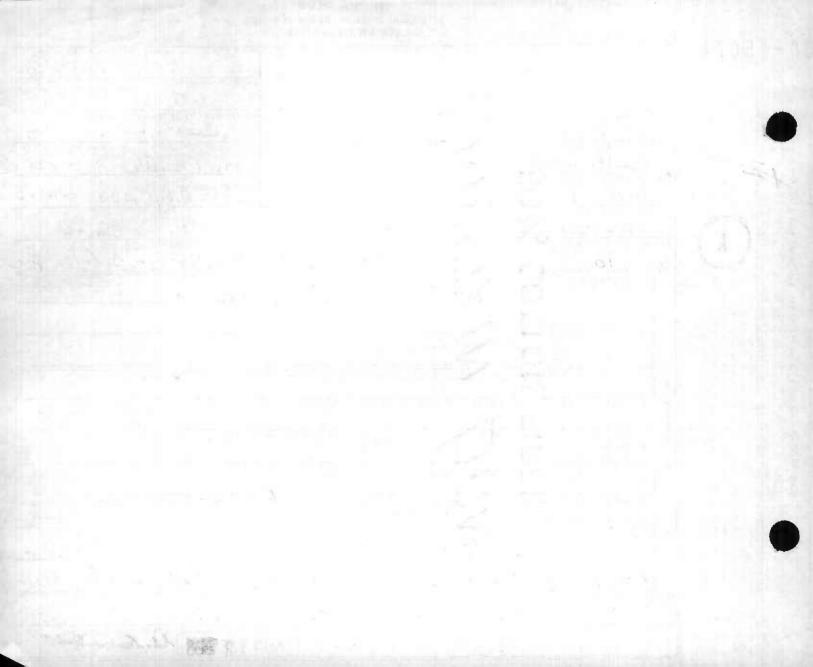
STATE OF MARYLAND

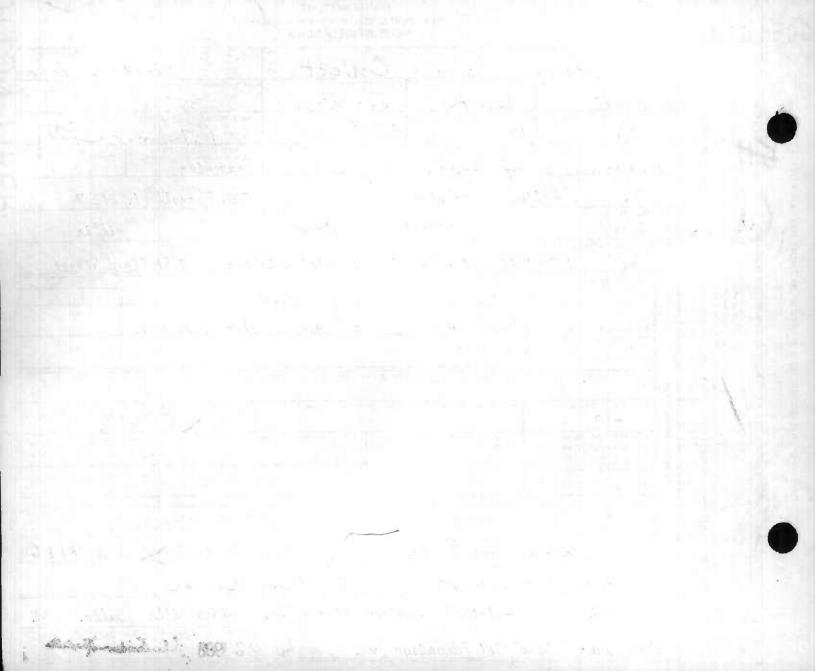
Famale Ahits Cat. 10, 1a01 av.w Honesmann Home 15. 4401 Folime vs., 2161 Charles H. Noone lies nen nan E12 10 608E J. OGN CORN, Esto., NO

util, '1 squille, lister de la ville, les de la ville, les de la ville de la v



					STATE OF MARYLAND	P1 6	
		1	FOR	DEPAR	TMENT OF HEALTH AND MENTAL	HYGIENE O	
		1	- STATE REGISTRAR		CERTIFICATE OF DEATH	1	
. 1507	1.	LD		MIDDLE		REG. NO.	*
1707	45		F OP POINTS	1	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
nay be page 3			HERI	SERT VI	Colbert	08	0886 7 Ppm
DE 00		3. SE		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 23 HRS
4 pot			M	Black	MONTH DAY YEAR	1 1	MONTHS DAYS HOURS MIN.
rec	1		,	Diad	5 5 19	9 6 / YI	RS.
P P P	(8/	7a. B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COU	NTY OF DEATH
death unerg	0 10		USA	USA	WIDOWED DIVORCED	o Balti	more Citymo.
with the	Pa. 18	10 0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE	ING HOME OR OTHER INSTITUTION		126 KIND OF BUSINESS OR
12	34		Baltimore	BON SE	COUTS	mail hand	
d die	476	13a	AL RESIDENCE (IF NURSING HOME O STATE 136 COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFORM 13c. CITY OR TO		CO. LIG STREET ADDRESS 4 710 C	005
n 24 fulle	The same		mo -	1	WN 13d INSIDE CIETLIMIT	S? 13. STREET ADDRESS / ZIP C	
id ya	-	14 F	ATHER'S NAME		15. MOTHER'S MAIDEN	NAME	
P T	No.	1	ANDREW	MIDDLE COLD	ert sthe	MIDDLE	Carl LAST
contract of	1	16n	WAS DECEASED EVER IN U.S. AI	MED FORCES? 166. SOCIAL SEC	CURITY NO. 17 INFORMANT	ADDRESS	Smith
1 10	1		YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	11 0000	al = 11 = 11 = 3	2112. [1. 1
e e	16	X	es 01	013-	16-8803 Car	of souther 3	421 (sten the
Sic Sic Of	Ŧ.		18 CAUSE OF DEATH (Enter a	nly ane cause per fine far (a), (b),	and (cs.)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
physicon population	ent		PART I. DEATH WAS CAUSE	DBY: Matantal	No and the	of Audamin	BETWEEN ONSET AND DEATH
ng had	9		IMMEDIA	TE CAUSE (a) //WWw.	c around c	y Nie Renien	
4 600	TOT.			DUE TO, OR AS A CONSEQ	UENCE OF		
den offe ove tior	50		Canditions, if any, which	(b)			
he he	7		gave rise to immediate cause (a), stating the	2015 10 02 15 1 6011550	15.105.05		
ot ot	othe		underlying cause last	DUE TO, OR AS A CONSEO	JENCE OF		
ed the	ă			(c)			
sign sign hen to bu	ijury.	Z	PART 2. OTHER SIGNIFICANT	CONDITIONS <u>CONTRIBUTING TO</u>	DEATH BUT NOT RELATED TO THE T	TERMINAL DISEASE OR CONDITION	GIVEN IN PART Tra
w re been	À 7	CERTIFICATION	190 DATE OF OPERATION	19h CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED
n. nos b	00	5		The contained for the	TO EKATION WAS TEKNOKMED		RTIFYING CAUSES OF DEATH?
	of _	1				YES NO	YES NO
Z Y OO O H	80	U	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OC	CURRED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)
SICIA ng pl certif riol-t	E	A	OR CONTRIBUTING CAUSE OF DE				
	0 16	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19 211 LOCATION		
PH + PH	0	NE NE		(AT HOME, STREET, FACTORY, OFFICE		CITY OR TOWN	COUNTY STATE
he he	rke		AT WORK NOT WHILE				
DIP DIP	E	-	22a.l certify that (I) (this hosp	tal) attended the deceased from	3-20- 10 8	10 8-8-	, 19 <u>86</u> , that (I) (we) last
OR OR			sow the deceased alive are	8-8 10	86 and that in (my) (gur) anis	nion death accurred on the date and	, ,, , , , , , , , , , , , , , , , , , ,
AT AT SECT OF A L D	E 2	- 3	obove, [1] (we) (did) (did no	d) view the body offer death.	and morning (my) (doi) opin	mon death accorred on the date and	have and from the causes stated
OR bilk	<u>=</u>		77h SUSHINETURE	1 1	DEGREE		22c. DATE SIGNED
At the	Ē		STATISTA.	2- 1 ans 20	ALO ATTENDIN	IG MEDICAL STAFF N DIRECTOR PHYSICIAN	8/12/81
SPITAL ed by t INERAL J be del	A	-	228 PHYSICIAN'S NAME THE	B PROPERTY OF	22e ADDRESS	N P DIRECTOR PHYSICIAN	10//80
H Pinin	MPORTAN		HAROLD F	KAMSEY	361 McM4	ochen St. Batin	or Md 21217
Short Short	3	23a I	BURIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETERY OR CREMATO	RY 23d LOCATION	
BP	111-1		Burial		rbutus Mem Park	CITY OR TOWN	COUNTY
	7 4 /4 5	24 FI	JNERAL DIRECTOR	J 111/00 A		Arbutus	
DHMH - 16 60N				ADDRESS		DATE REC'D. BY REGISTRAR 256 REC	GISTRAR'S SIGNATURE
(VRA 15, 4)	Ma	rch Funeral Hom	e West 4300 Wab	ash Avenue	AUG 12 THE CALL	. Devidson Handels
						- 0	

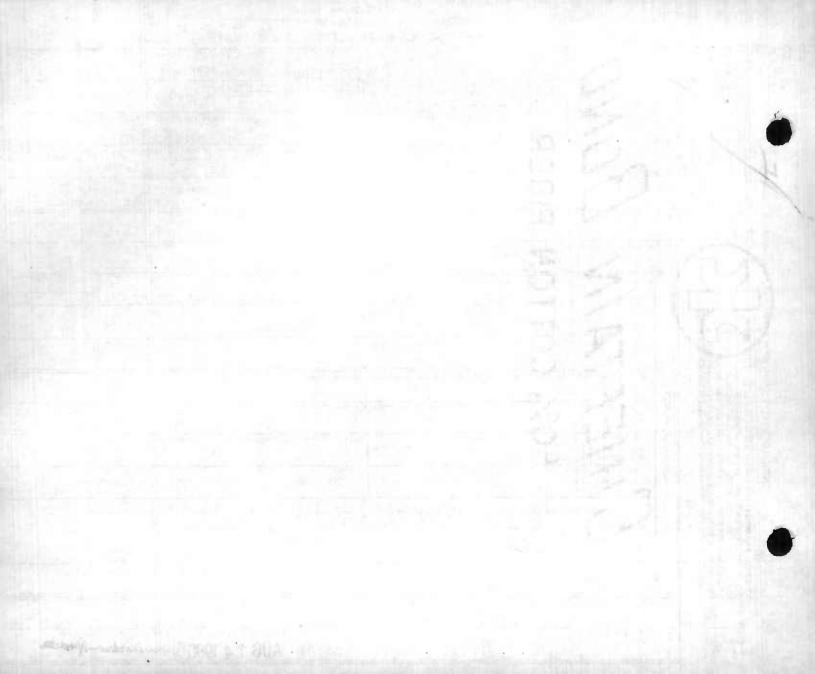




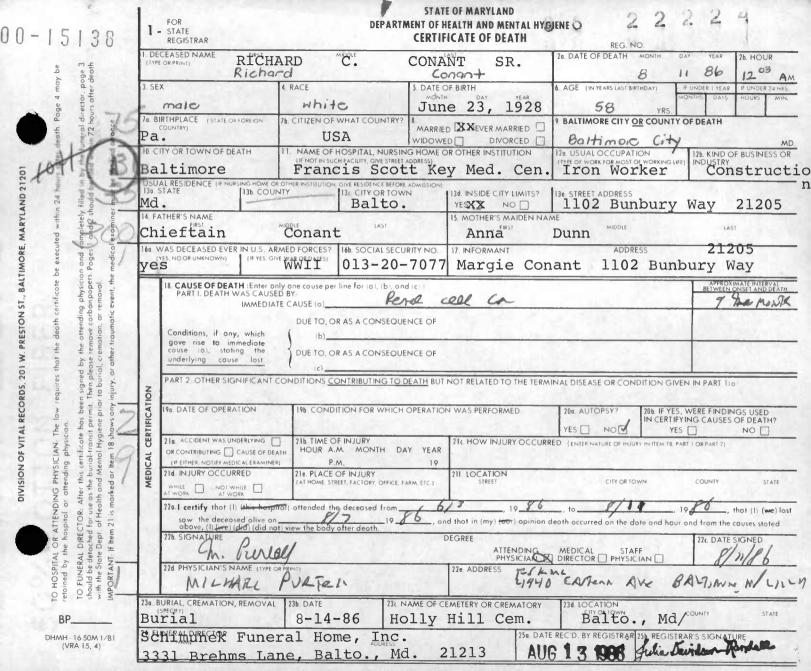
.ob litt for . work . foll Series and deliberation of the series of the

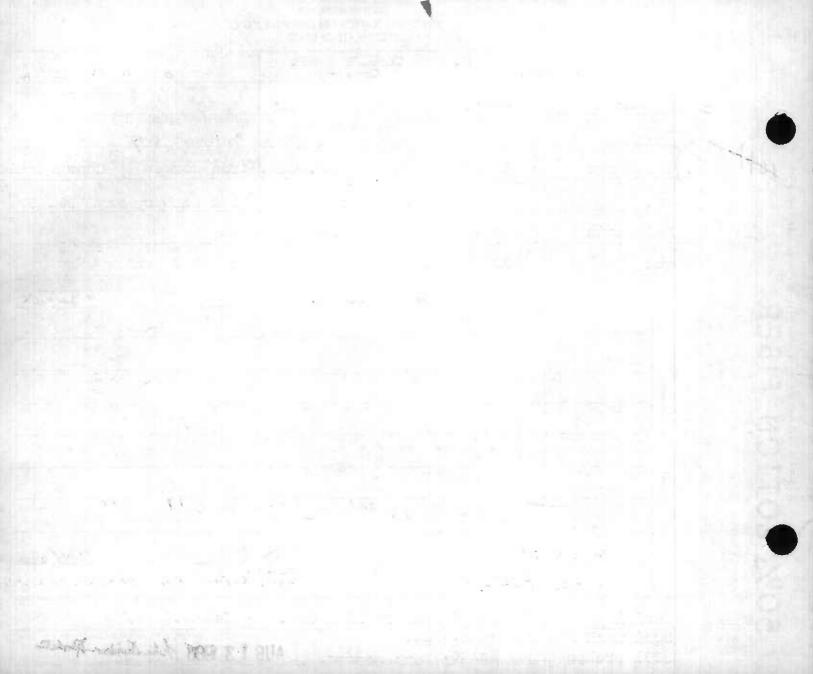
Surini . South for Solth-ore Marginal . Alic 2 is 1985 at

STATE OF MARYLAND



STATE OF MARYLAND



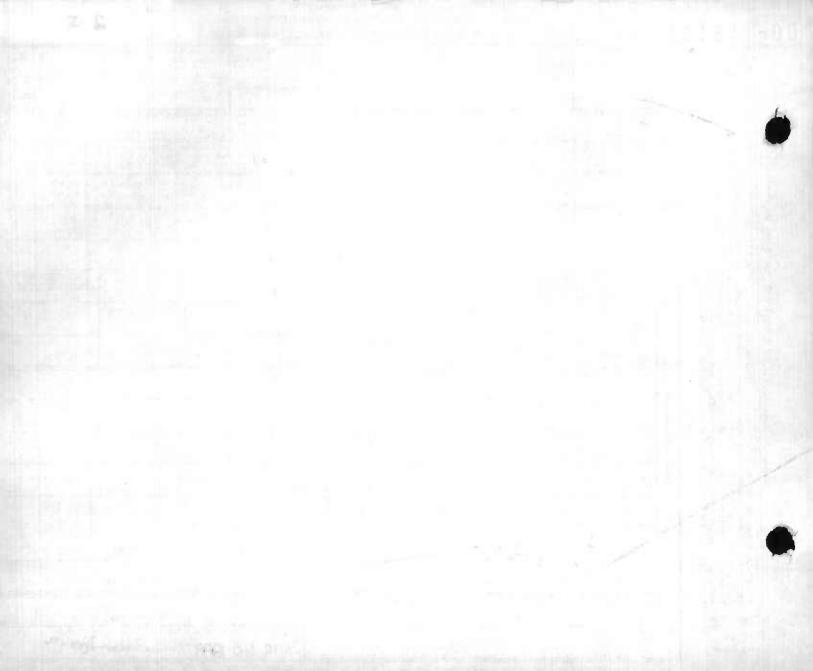


00-15616 1- FOR REGISTION

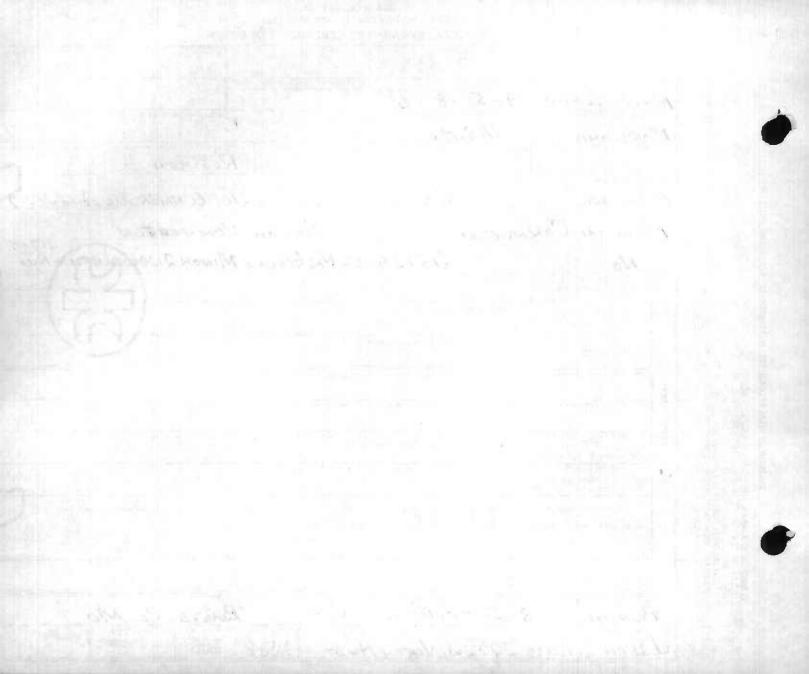
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH

86	22225
MPLY INC.	

	10010		KLOIJIKAK								0111	4.4		KEG INO.			
			EASED NAME	FIRST .			WIDDLE		ï	AST			OF DATE	NOWN X	MONTH D	DAY YEAR	26 HOUR
	요목적였다			JERRY.	7	Т	HOMAS		CO	NDON			DEATH		8 17	7 19 86	M
	罗克里克尼	3, 500		4. RACE	5. DATE C	OF BIRTH	YEAR	6 AGE (IN YEAR	IF UND	DER I YR.	IF UNDER		C. DATE	CED	MONTH (DAY YEAR	2d HOUR
	/ Name	MA	LE	WHITE	11	17	67	18 YRS	11011111	DAYS	HOURS	MIN.	PRONOUN	CED	8 17	7 1986	2:27
4	NA SEE	De TO	THPLACE (5)		76. CITIZE	EN OF WH					VER MARR	IED X	9. BALTIM	ORE CITY OR	COUNTY		
	D#5527	B102330	RYLAND		11	.S.A.			WIDOWE		DIVORO		Balt	imore	City		MD.
2	SEX EX		TY OR TOWN	OF DEATH	II. NAM	E OF HOSE		SING HOME,	OR OTHE	R INSTITU	TION		AL OCCUP	ATION (TYPE C		KIND OF B	USINESS
-	FEET STATES	1	Baltimo	re	40			spital	(STU)			OST OF WORK	PERATOR	S EX	CAVAT	
100			L RESIDENCE	(IF IN NURSING HOME	OR OTHER INST	TITUTION, GIV	E RESIDENCE	BEFORE ADMISSION)						LIA		
12	Section Section		RYLAND	CARR				OR TOWN WINDSOI		YES	NO X		ET ADDRES	EFIELD	VALLE	21776 FY RD)
9	# Sins		THER'S NAME	Onici							ER'S MAID				YALL.		
W.	5022361	D	NORMAN		MIDDLE			DON. JI			LORIA		AAII	DDLE		WOOD	
9	858.0Z	160. V	AS DECEASE	EVER IN U.S. AI				IAL SECURITY		7. INFOR	MANT			ADDRESS		WOOD	
LT.	E SA TANGE	141	S, NO, OR UNKNO		ONE	ES)	219-	-92-539:	2	NORM	IAN CC	NDON	TR	NEW W	ENDSOR	R. MD	
3	SE S		*100	F DEATH (Enter o		se per line i				HOM	MIT OC	HDON.	OIL.	TATTAN AN		APPROXIMA	
15.7	A SA	-	PARTIDE	ATH WAS CAUS	ED BY:	ml		ic trau	ma						+	BETWEENONS	SET AND DEATH
10	SVE SEED SAV	1	812	O IMMEDIA	ATE CAUSE	101		SEQUENCE OF									
SE	SE S			ns, if ony, which													
	NAME OF STREET			e to immediat	-	(b)	AS A CON	SEQUENCE OF									
5	NA KANA		lying cau			,, ,, ,,,	NO A COIN	DEGOEIACE OF									
25	NA SERVICE		PART 2 OTNER SI	SNIFICANT CONDITION	CONTRIBUTING	C TO OFATH B	HT NOT BELAT	MINEST SHE OF ON	AL DECASE	00 (01)01710	AN CHICAL IN D.						
080	SHACE	Z.	THAT & OTHER SE	MITCHAIL CONDITION	CONTRIBUTION	O TO OLATH B	OT HOT KELAT	NIMASI SHI UI US	ME DISEMSE	UK CUMUITIC	IN GIVEN IN PA	KI I IO					
REC	A A A A A	HICATION	190 DATE OF	OPERATION	198	CONDIT	ON FOR V	VHICH OPERA	TION WA	S PERFOR	RMED?					20 AUTOPS	Y2
TAL	PA SER	윤	13.5														
5	**************************************	CERT	210 EXTERNA	L CAUSE WAS	216	. TIME OF	INJURY		71r HO	WINIUR	CCLIRRI	ED JENTER N	ATURE OF INII	JRY IN ITEM 18 PA	PT 1 OP PART 21	YES X	NO 🗌
0 2	PAR WE	N C	UNDERLYING					DAY YEAR									
200	CERTIFIC TING TH NED TO 3 SHOU DEPART	Š	214 INJURY C	NG CAUSE OF		PLACE O		7- 19 86	211. LOC		or au	co/au	to co	111510	n.		
120	E PER SE	A.	WHILE			STREET, FACTO	DRY, FARM, ET		STE	REET		,	CITY OR TOV	/N	COUNTY		STATE
-	STATE OF STATE	-	AT WORK	AT WORK		roa	id				ock Ro	1.		7	Balto	٥.	ME
	報子の発生を	1	220 I certi	y that I took char	ge of the re	-		-	Autopsy	_K_,	Inspectio	in .	Inquiry	, and	in my opinio	on	
-	A PER PRESENT	1	death result	ed from: Note	ural causes	□.	Accident	X, Suici	de .	Homi	cide .	Undete	rmined mo	nner .			
	AAR WAR		action.	4	0	-				TITLE (S	SPECIFY)						
-	大学·		ACTUAL SIGNATURE.	Alva	10	10	_		M.E	Depu	ity Cl	niet	CALEXAM	INER	SIGNED	8-17-8	16
	MON WOR		EXAMINER'S	NAM Ann	M. Di	won	M D								MD	21201	
	TO ME EXECUT PAGE 4 TO FU		TYPE OR PRIN	41)		MOII,	и.р.		A	DDRESS_	TTT 1			Balto.	, 10	21201	
	EDSES9	23a.Bi	PECIFY)	ION, REMOVAL			23c. N	AME OF CEME	TERY OR	CREMAT	ORY	23d. LOC	RTOWN		COUNTY		STATE
07/84	BP		BURIAL		8/20	/86	PIF	E CREE	CEN	ETER		NR.	NEW V	VINDSO	R CARE	ROLL	MD
25M	DHMH - 17	24 Ft	NERAL DIREC	TOR		ADDRESS					250. DATE	REC'D. BY	REGISTRAF	256 REGIST	TRAR'S SIGN	Mandel	
	(VR A15 ME (5))		D D	HARTZLER		NEW	WINI	SOR M	D		AllG	10	1986	Hillian De	widow	Market	- 4



STATE OF MARYLAND - STATE REGISTRAR REG. NO 1. DECEASED NAME 20. DATE KNOWN HINOM 7h HOUR (TYPE OR PRINT) ESTI-Melvin DEATH MATED 8 Connorton 186 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAYS PRONOUNCED 2:15 DEAD 186 A BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED [DIVORCED Baltimore City ID CITY OR TOWN OF DEATH II NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY FORMOST OF WORKING LIFE) Lutheran Hospital Baltimore BE ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 13e STREET ADDRESS MD. 2120 OO WALBROOK AUG 21219 FIMONE DICKEORGON 160 WAS DECEASED EVER IN U.S. IINOR 2100 WALBROOK AUG APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to KI CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES NOX 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME. 21f LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK Inspection X 220. I certify that I took charge of the remains described above, held an Autapsy Inquiry and in my apinian Natural causes Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE Assisatnt 8/18/86 MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME William M. Zane, M.D. 111 Penn St. Balto.MD. TYPE OR PRINT) 230 BURIAL CREMATION REMOVAL 236 DATE 23d LOCATION STATE BURIAL 07/84 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 25M 24 FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5))



TO HOSPITAL

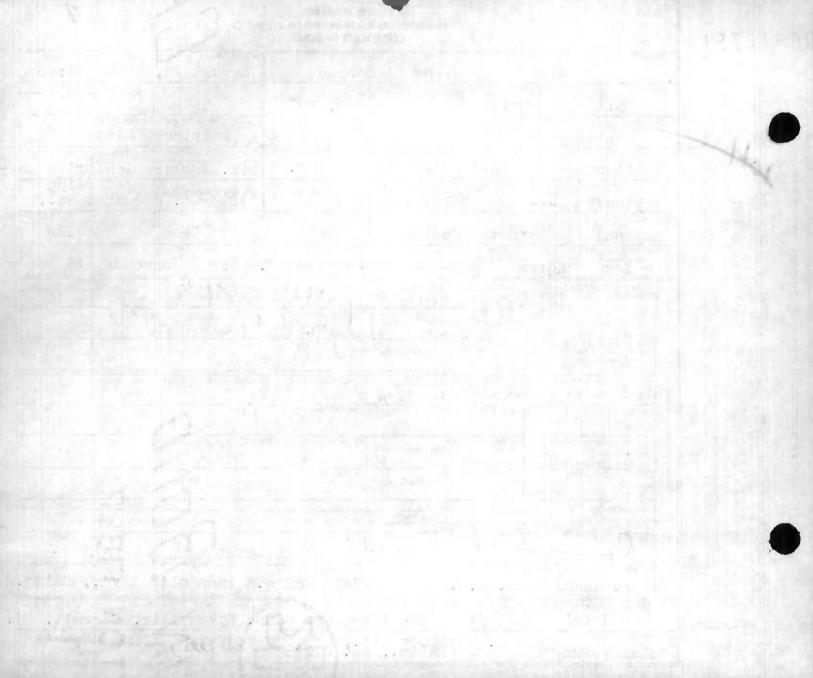
BP. DHMH - 16 50M 4/83 (VRA 15, 4)

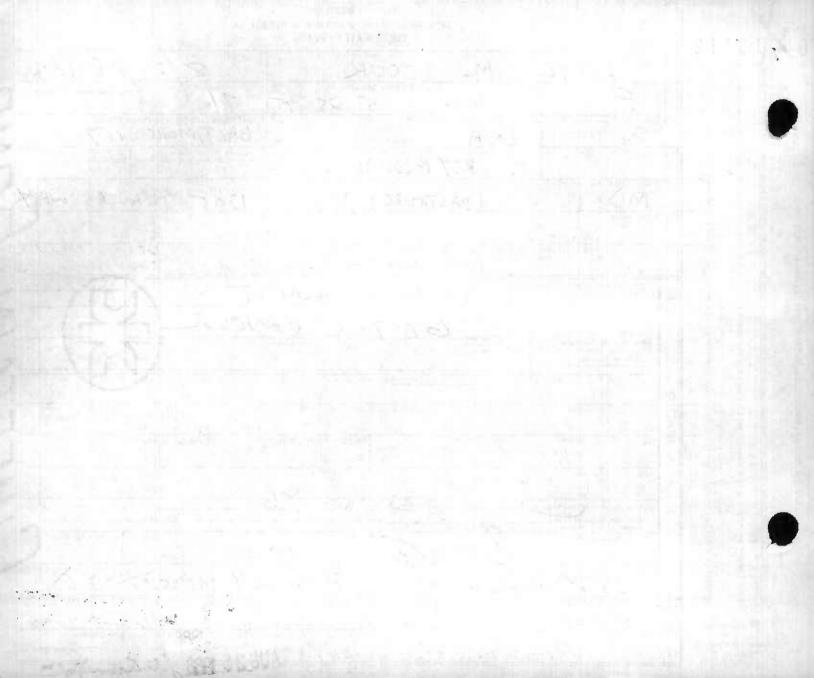
FOR

STATE OF MARYLAND		
EPARTMENT OF HEALTH AND MENTAL HYGJEN	E	
CERTIFICATE OF DEATH		

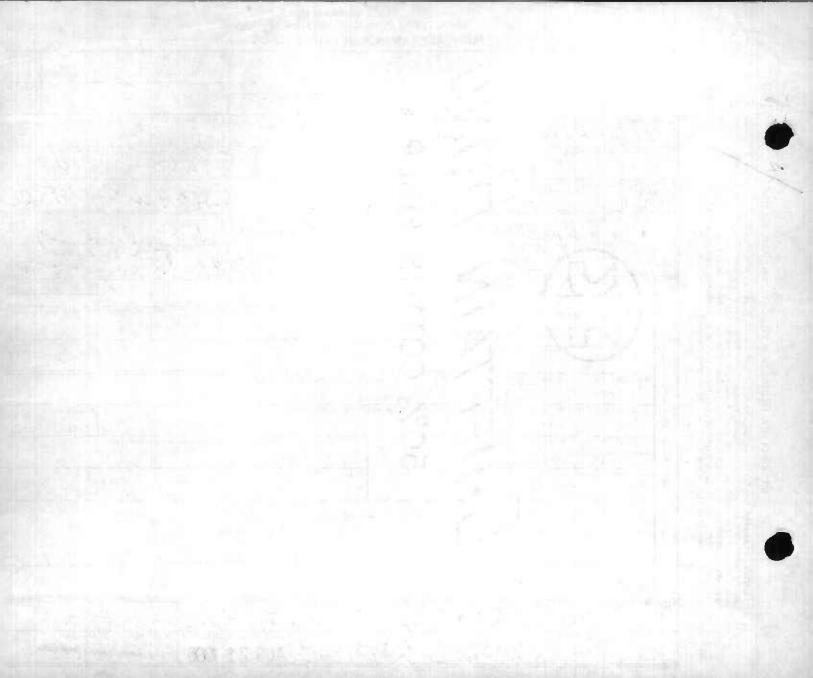
6 22227

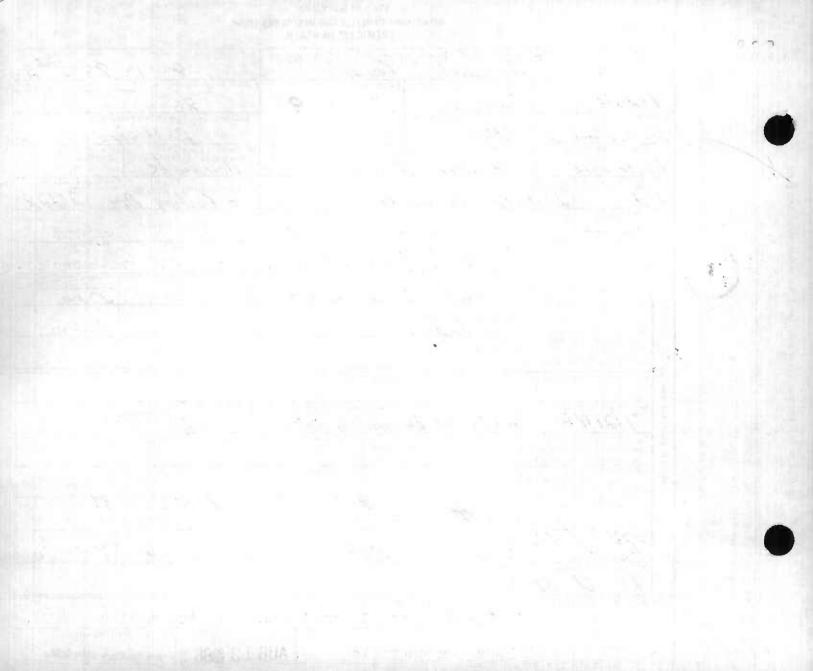
1 '	REGISTRAR				CERTIF	FICATE OF DEATH	REG. N	10.			
	CEASED NAME	FIRST		MIDDLE		LAST	20 DATE OF DEATH		DAY YEAR	2b HOUR	
{ TYPE	OR PRINT)	Walt	er	Eugene	(Conrad	August	28,	1986	1:40 A	
3 SE	X		4 RACE		5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BE	(YAOHII	IF UNDER TYEAR	IF UNDER 24 HRS.	
	Male		White		Man	y 20° 19'3'1	55	YRS.	MONTHS DAYS	HOURS MIN.	
7≡ Bi	RTHPLACE (STATE O	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY		Y OF DEATH		
	Kentu	cky	USA		WIDOWE		Balti	more	City	MD	
10 C	ITY OR TOWN OF D	EATH				OR OTHER INSTITUTION	120 USUAL OCCUPAT	F BUSINESS OR			
J	Baltimor	e	381	3 Saint	Mar	garet St.	Dis. Res	tora	tion/B:	rick La	
130. 5	at residence in Mistate ary Land	13b COU		Baltime	N	13d INSIDE CITY LIMITS? YES \(\text{NO} \)	13e STREET ADDRESS	/ zip cot	er Un rgaret	nion #1 St.,	
H. FA	ATHER'S NAME		MIDDLE	4AST		15 MOTHER'S MAIDEN NAM	WE	100 100	1.45	21225	
I	Raymond	I	Permot	Conra	d	Opal'	~ L'e	е	Sh	änks	
	WAS DECEASED EV		MED FORCES?	166 SOCIAL SECU	RITY NO.	Margaret W	ADDR				
,	Yes	e as #	13								
	18 CAUSE OF DE	APPROX	MATE INTERVAL ONSET AND DEATH								
	PART I. DEATH	100									
NO	PART 3 OTHER SI	GNIFICANT	CONDITIONS CO		DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR COM	IVEN IN PART 11	0		
IIFICATION	190 DATE OF OPER	RATION	196 COND	TION FOR WHICH	OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	IN CERT	ES, WERE FIND PORTING CAUSES		
CERTIFI	216 ACCIDENT WAS	JNDERLYING [216. 4 IME O			21c HOW INJURY OCCURR	IRRED (ENIFF NATURE OF INJURY IN ITEM (8 PART) OR PART 2)				
AL	OR CONTRIBUTING		AIRI .	M. MONTH DA	YEAR						
MEDICAL	21d INJURY OCCU		21e. PLACE	OF INJURY	CONT	211 LOCATION	City OR I	Olara	COUNTY	STATE	
Z	WHILE NOT	WHIIE WORK	(AT HOME STR	EET, FACTORY, OFFICE F	ARM ETC)	SIREET	CITION	, , ,		JiAic	
	22a 1 certify that	(I) (this hosp	ital) attended th	e deceosed from_		. 19	, to		. 19	that (1) (we) last	
	sow the dece	osed olive or	ot) view the body	otter death	. 0	nd that in [my] (our) opinion of	death occurred on the o	late and ho	our and from the	couses stated	
	226. SIGNATURE	7 (4.4) (4.4)	1. 1.	/	N 4 4	DEGREE			22c. DATE	SIGNED	
	185	-	Jun		in	ATTENDING PHYSICIAN	MEDICAL STA		8/2	7/86	
	22d. PHYSICIAN'S			hara ka	974	22e ADDRESS			70.7	7.74	
	Dr. Kh	nandei	lwal, M	I.D.		7422 Balto	.& Annapo	lis	BTAG.	Balto	
	230. BURIAL, CREMATION, REMOVAL 236 DATE 234. NAME OF CEMETERY OR CREMATORY 236 LOCATION									21227	
	Buri	ial	8/30/	1986 Cr	estl	awn Mem Gdn	s. Sykesv	rille	, Carr	oll, M	
24 FI	UNERAL DIRECTOR		237 E				E REC'D BY REGISTRAL	256 REGIS	STRARSSIGNAT	HSF Name	
M	cCully 1	Funer	al Home	Patansc s Balt	O.,	Md. 21225 A	10 Z 3 1300	Juna	man lates		





00-	15912	1-		/3/86 department of	TEALTH AND MENTAL HYGE ER'S CERTIFICATE OF I	35NE 2 2 2	6. 4
	W		REGISTRAR CEASED NAME FIRST PE OR PRINT) Anthony	MIDDLE MIDDLE	LAST	2a. DATE KNOWN X MONTH	DAY YEAR 26 HOUR
4	NECESSARY, PLEASE FUNERAL DIRECTOR. FOR YOUR FILES. WITHIN 72 HOURS PRESION STREET,	3. SE	RACE S. C. Black	10 19 64 2 YR	MODELS MI	DIVILE CONTRACTOR	17 19 86 M DAY YEAR 2d HOUR 17 19 86 4:021
•	NEGESS UNERA FOR WITHIN	1	Elevandola	CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore City Baltimore City	TY OF DEATH
3	SEE SEE		Baltimore	NAME OF HOSPITAL, NURSING HOME, (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 2429 W. Coldsprir	ng Lane	FOR MOST OF WORK OF THE OF WORK	126 KIND OF BUSINESS
0. 21261	F ANY D AND 3 1 SPOULD SPOULD RECORD	134	The County	fer institution, give residence before admissio	YES NO D	STREET ADDRESS FIRE	Strye
ORE, ME	1		ATHER'S NAME UNANDECEASED EVER IN U.S. ARMED	estal us	15. MOTABLES MAIDEN N	we come below	(R)
BALTIM	S AFTER GIVE PV WITH ROS PAGES INVISION		TO NO CONTINUES OF THE CONTINUES	1) 211-8	4208 HELD	29 cardspu	Tong 70
FON ST.	24 HCUI ITEM 18 ILONG PERN PERN PERN PERN PERN PERN PERN PERN		PART I DEATH WAS CAUSED BY	AUSE (a) Gunshot wound		, ,	SETWEEN GINSET AND CHAIR
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 2128	N PENCIL IN I SAMINER ALL TRANSIT FOR MENTAL HYGON, OR REMON	1	Canditions, if any, which gave rise to immediate cause (a) stating the <u>underlying cause last</u> .	(b) DUE TO, OR AS A CONSEQUENCE O			
CORDS, 2	ULD BE EXECUTED "PENDING" IN PI F MEDICAL EXA ED AS A BURIAL- HEALTH AND ME II, CREMATION, (NO	PARE 2 OTHER SIGNIFICANT CONDITIONS CONTR	(c)BUT NOT BELATED TO THE TERMIN	NAL DISEASE OR CONDITION GIVEN IN PART 1	С	
VITAL RE	SHOULD VORD "PEI WORD "PEI BE USED A NT OF HEA BURIAL, O	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERA	TION WAS PERFORMED?		20 AUTOPSY?
IONOF	CETIFICATE SHOUL TING THE WORD "F DED TO THE CHIEF 3 SHOULD BE USED DEPARTMENT OF H I PRIOR TO BURIAL,	MEDICAL CER	210 EXTERNAL CAUSE WAS UNDERLYING AOR CONTRIBUTING CAUSE OF DEAT		Subject shot	NTER NATURE OF INJURY IN ITEM 18 PART 1 OR PAR	RT 2)
DIVIS	WRITIN WARDED PAGE 3 S TATE DEP 21201 PR	MED	WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.) NOME	216 LOCATION STREET 2429 W. Coldspr	ing Lane, Balto. Ci	ity, MD
	AMINER: STIFICATE BE FOR BECTOR: ITH THE S RYLAND,		220. I certify that I taak charge af death resulted fram: Natural ca		Autopsy X, Inspection C	Inquiry , and in my apoint	inian
	SHOULD SH		ACTUAL SIGNATURE	- J	TITLE (SPECIFY) M.D. <u>Assistant</u>	MEDICAL EXAMINER DATE SIGNED	8/18/86
	TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PAGE A SHOULD BE F TO FUNERAL DIRECT AFTER DEATH, WITH THE BATTMORE, MARYLAN	23a B	EXAMINER'S NAME (TYPE OR PRINT) Wil	ATE 2 2 C 122. NAME OF CEM	THE BILLION	enn St. Balto.MD.	7
07/84 25M	BP	.11,	JNERAL DIRECTOR	dose mf3	cox lenetay	D. BY REGISTRAR 256. REGISTRAR'S SI	
	(VR A15 ME (5))	1	elelhon XII	11/Cum 230	AUG 2	21 1986 Julia Davids	m-Mandalla





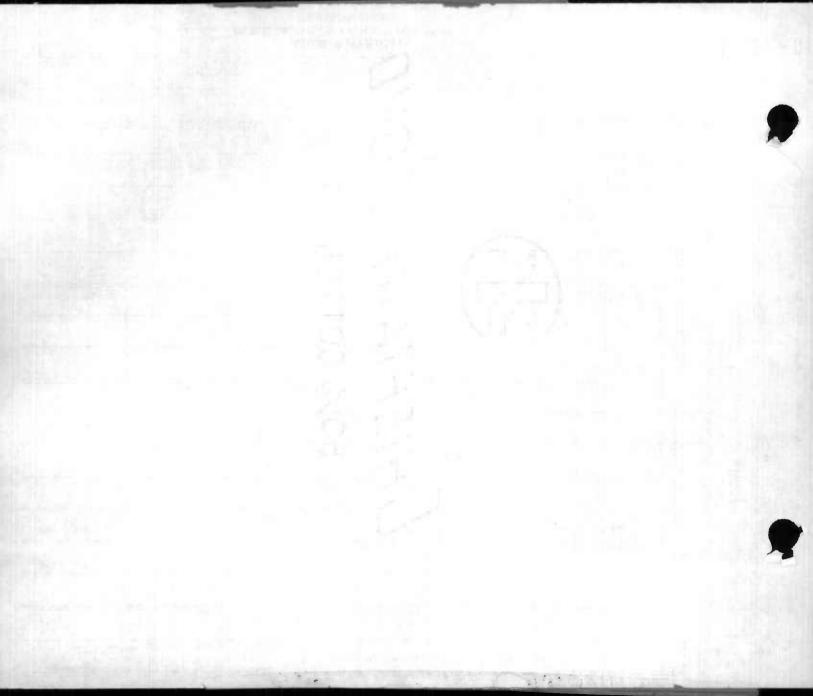
poge 3

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGISNE CERTIFICATE OF DEATH

	1 - STATE REGISTRAR			DEP		FICATE OF DEA		REG.	NO.		Ì
	DECEASED NAME	FIRST		WIDOLE		LAST	-	20. DATE OF DEATH		DAY YEAR	2b HOUR
	3 SEX	Raymor	nd RACE	N.	I DATE	Cornish		AGE (IN YEARS LAST		25 1986	4:40P M
	male		black	<	MONT 9	H DAY	007	78	YRS	MONIAS DAYS	HOURS MIN.
7	To. BIRTHPLACE COUNTRY)	200000000000000000000000000000000000000	U S /	WHAT COUN	MARRIE WIDOW	ED NEVER MARI	SIED 1	Baltimore city	OR COUNT		MD.
5	Baltimore		(IF NOT IN SUC	HEACILITY GIVE	URSING HOME (STREET ADDRESS) ral Hosi	or other institut pital		120 USUAL OCCUPA (TYPE OF WORK FOR MOS Retired			F BUSINESS OR
5	USUAL RESIDENCE (IFN 130 STATE Md	URS OTHER	VOI	COlum	BEFORE ADMISSION) TOWN TO 1 a		TX	3e.STREET ADDRES	s / zip coo Rumcay	Court	21044
2	Levin	M-IDI	DLE	Corn	sh	Mary FIRST	IDEN NAMI	E WIGDIE		LAS	î
7	ING WAS DECEASED EV	ER IN U.S. ARME			SECURITY NO.	17 INFORMANT		ADD	RESS	Columbi	a Md
0	(YES NO OR UNKNOWN)	_	AN ON DAILS	217-03	3-5260	Mabel L.	Lawr	ence 1096	4 Rumo	ay Cour	t
	18 CAUSE OF DE. PART I. DEATH Conditions, if a gove rise to i cause 101, sta	ny, which	DUE TO, O	erebro R AS A CONS		r Acciden	t			7 Day	IMATE INTERVAL ONSET AND DEATH 'S
1	PART 2 OTHER SI 19a DATE OF OPER 21a. ACCIDENT WAS	GNIFICANT COM				NOT RELATED TO		200 AUTOPSY?	20b IF YI	IVEN IN PART 10 ES, WERE FINDIN IFYING CAUSES (ES	NGS USED
,		CAUSE OF DEATH	21b. TIME O HOUR A.	M. MONTH	DAY YEAR	21c HOW INJURY	OCCURRE	D (ENTER NATURE OF IN	JURY IN ITEM TS	PART I OR PART 2)	Name of the last o
	(IF EITHER NOTIFY MI 21d INJURY OCCU WHILE NOT AT WORK	JRRED WHILE NORK	21a PLACE (OF INJURY	FFICE, FARM ETC)	211 LOCATION STREET		CITY OR	TOWN	COUNTY	STATE
	22a I certify that saw theydece above, X (we	(X(this hospital) ased alive on) (did) (Marrati vi			Aug. 86 . o	ust 18 , 10 nd that in (m) (our	86 opinion de	to Augus t	25 date and ha	, 19 <u>86</u> , or and from the	that X(we) last
	226 SIGNATURE	James				DEGREE ATTEN PHYS	IDING ICIAN (2)	MEDICAL ST	AFF SICIAN []	220 DATE	SIGNED
	22d PHYSICIAN'S Rame	NAME (TYPE OR PRI esh Saba		M.D.	libe 1	22e ADDRESS		General		cal/	
	BURIAL, CREMATION (SPECIFY) Buria			8/86		Memorial		Laurel		COUNTY	Mâ
	24 FUNERAL DIRECTOR		o Wost	12000	Mahach	Allonuo	25a DATE	REC D. BY REGISTRA	R 25b. REGIS	TRAR'S SIGNATI	URE

DHMH - 16 60M 7/B4 (VRA 15, 4)



director, page 3

STATE OF MARYLAND

2 3 2. 9

	1-	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH A	AND MENTAL HYGIE OF DEATH			
i		CEASED NAME FIRST	MIDDLE	LASI		REG. NO. 20 DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
į	(TYPE	E OR PRINT) ANDREW	WILLIAM CO	DRPORAL		8/24/86		5:30A _M
	3. SE	male	Block	5. DATE OF BIRTH	DAY YEAR 27	5 AGE (IN YEARS LAST BIRTHDAY) YRS	MONIHS DAYS	IF UNDER 24 HRS HOURS MIN.
,	7a. Bi	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY	? 8. MARRIED ☐ NE	VER MARRIED DIVORCED	Baltimore City OR COUN		MD.
1		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE St. Agnes Hos	spital		120. USUAL OCCUPATION [TYPE OF WORK FOR MOST OF WORKING	126. KIND C	OF BUSINESS OR
	13a. S	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFO NTY 134. CITY OR TO			3. STREET ADDRESS / ZIP/CO	DE	8/21/29
1	14 FA	ATHER'S NAME	micoli LAST	Is. MO	HER'S MAIDEN NAMI ENEVER	E Jaseanne	1 LAS	ST .
		VAS DECEASED EVER IN U.S. AR. YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SEC (E WAR OR DATES)	17. INFO	DESCRIPTION OF THE PROPERTY OF	Bank	1 St 8	11229
			nly one couse per line for (3), (b), o ID BY: TE CAUSE (o)	Latory	Failu	ite	BETWEEN	IMATE INTERVAL ONSET AND DEATH
		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE (c) CALORED	Cetebe JENCE OF LACE	the Pula	gereration	9	
	NOI		CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RE	ATED TO THE TERMIN	NAL DISEASE OR CONDITION C	SIVEN IN PART 11	0
>	CERTIFICATION	19a DATE OF OPERATION	1%. CONDITION FOR WHICH			YES NO NO IN CER	'ES, WERE FIND II TIFYING CAUSES YES	NGS USED S OF DEATH? NO
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	W INJURY OCCURRE	D (ENTER NATURE OF INJURY IN ITEM II	B PART 1 OR PART 2)	
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,		CATION	CITY OR TOWN	COUNTY	STATE
		220. certify that (I) (this hospinow the decreased alive on		76, and that in	9 , 19 8 6 (my) (our) opinion de	enth occurred on the date and h		that (I) (we) last couses stated
		276 SIGNATURE	V. XDD	M MC	ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	27r DATE	SIGNED
		CHEGON S	3. Gordon	22e AD	DRESS			Lit et
	23u. 8	SURTAL GREMATION, REMOVAL	17h. DATE 3086 7	NAME OF CEMETERY	OR CHEMATORY	234 LOCATION	ا المالات	MIARE
I	74 FL	INERAL DIRECTOR	E Must	5 1	25a DATE	REC'D. BY REGISTRAR 23h BEGI	STRAR'S SIGNAT	URE

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DRECTOR: After this certificate has been signed by the ottending physician handle be detached for use as the busial-transit permit. Then please remove carbon papers in the State Dept. at Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT If Hem 21 is marked or Item 18 shows any injury, or other traumatic

OF ATTENDING PHYSICIAN: The law requires that the death contri-

offending physicion.

Line of the state of

		FORF tem 13a	-e Thome DEPART	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY	GIENES 2	2633
10-1674	3	REGISTRAR 9-2-8	3-6 MIDDLE	CERTIFICATE OF DEATH	REG. NO	
ny be ope 3 death	· ·	YPE OR PRINT) RAYN	10ND N	CORVIA		8 19 84 12 25 M
oge 4 m		m	4 RACE	S. DATE OF BIRTH MONTH 8 17 86	6. AGE (IN YEARS LAST BIRTH	YRS 2 HOUSE MIN.
	5	Maryland	U.S.A.	MARRIED NEVER MARRIED	Baltimer Baltimer	
1	40	CITY OR TOWN OF DEATH Baltimore	St Agnes Hosp:	ital	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF NONE)	
in 24 miled in should be	5 13	My Ho	OR OTHER INSTITUTION GIVE RESIDENCE BEFO UNTY 13t, CITY OR TOV Savag	VN 136 INSIDE CITY LIMITS?	130 STREET ADDRESS,	er Island pr
MARY ampletel ond 2	50 R	ichard Corvia	MIDDLE LAST	15. MOTHER'S MAIDEN N FIRST Katherine	Forney	LAST
n and con speed con medico	2 N	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? 16b SOCIAL SEC		ia 8936 River	Savage Md. 20763 Island Dr Apt 303
RDS, 201 W. PRESTON ST., equires that the death certifu or signed by the attending ph Then please remove corban prite burial, cremation, or remainjury, or other traumatic ever	N. C.	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR A CONSECUL	sence of atelectase	scular Coas a & Lemon nuin minal disease or cond	Loge ITION GIVEN IN PART 1(a)
AL RECO	T SEPTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATION WAS PERFORMED	YES NO	706. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES TO NO [7]
DIVISION OF VITA NG PHYSICIAN. The ottending physicic fifer this certificate os the buriol-transit the and Mental Hygic the and Mental Hygic priced or them 18 shoots.	/ MEDICAL CES	OR CONTRIBUTING CAUSE OF DI OF EITHER NOTIFY MEDICAL EXAMINA 214 INJURY OCCURRED WHILE NOT WHILE		19 III LOCATION	RRED (ENTERNATURE OF HURST	
R ATTENDING hospitol or of RECTOR After red for use as ppt. of Health fem 21 is mort		220.1 certify that (I) this hasp	portal offender the deceased from.	and that in (my lour) opiniar	to 4/9	e and hour and from the causes stated
TO HOSPITAL OI retoined by the TO FUNERAL DII should be detach with the State De		Fellen 122d. PHYSICIAN'S NAME (TYPE WM. J	- HICKEN, Y	ATTENDING PHYSICIAN 22e ADDRESS	medical STATE DIRECTOR PHYSICIA gnes Losp	1 8/00/01
BP		BURIAL CREMATION, REMOVA	Aug 26,1986 C	NAME OF CEMETERY OR CREMATORY	CITY OR TO	Howard Maryland
DHMH - 16 50M 1/81 (VRA 15, 4)	24	Inc 4112 Old Co	H Witzke & Famil Lumbia Pike Ellic	Ly Funeral Home 25a DA		Lulia Davidon

STORINGE

7.2.0

Lagingui Banu Si

vii) browlife!

Richard Corvin

Titreme Forney

Savore Mil. 20763

Machined Corvin 8936 Miyor Island or Ave 305

Nus 25,13,66 Crestiana

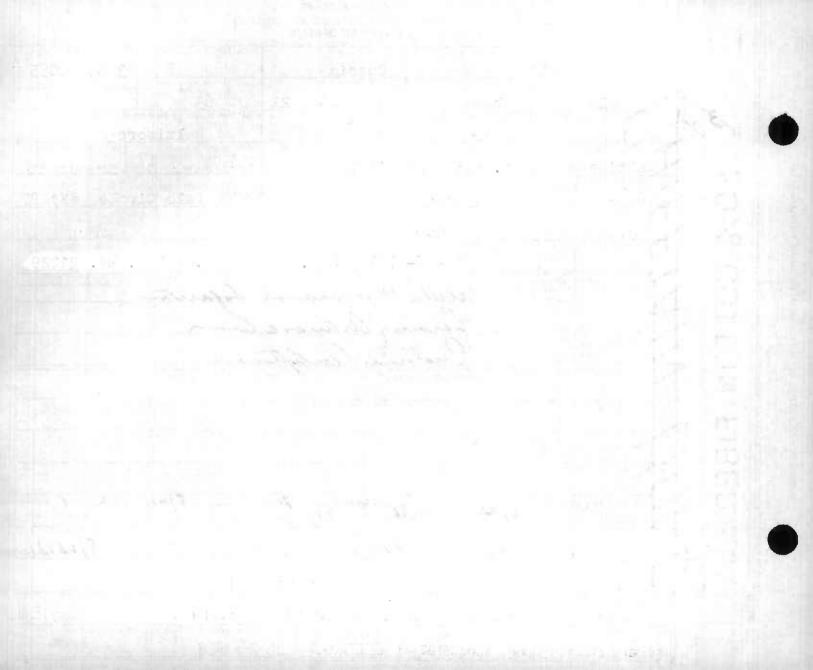
Inc. 4.12 (it solumia Pies silicott sity at

Lalyst

are thitake a tamily bonoral lose

Banlyzon bangai.

STATE OF MARYLAND



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HY GENE O

	REGISTRAR		CERTIFICA	TE OF DEATH	REC	G. NO.		
	I DECEASED NAME FIRST (TYPE OR PRINT)	W.	COUR	TS JR.	20 DATE OF DEAT	6 86	DAY YEAR	730 AM
/	MALE	BLACK	S. DATE OF BIR	TH YEAR 32	6 AGE (IN YEARS LA	ST BIRTHDAY) YRS	IF UNDER 1 YEAR	HOURS MIN.
	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) N. CAROLINA	11.74	MARRIED	NEVER MARRIED DIVORCED	9 BALTIMORE CIT	YOR COUNTY	CITY	MD
1	BALTIMORE	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET AD SUMAL HO			(1YPE OF WORK FOR MY	S. ARMY	U.S.	ARMY
2	USUAL RESIDENCE (IF NURSING HOME O 130. STATE		113d.	INSIDE CITY LIMITS?	13e STREET ADDRE	SS / ZIP CODE	BALTO, ELD CT	MD,
7	SAM C	COURTS,		RUTH	MIDD		CART	
	160 WAS DECEASED EVER IN U.S. AF	VE WAR OR DATES) 226 HILLS		IRLEY COU		MORE,		COURT 1215
	DADT I DE ATH MACAC CALICI	nly one couse per line for (a), (b), and (ED BY: (TE CAUSE (a) MUltiple	1	organ t	failure		BETWEEN	MATÉ INTERVAL ONSET AND DEATH
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUEN (b) GYMM A DUE TO, OR AS A CONSEQUEN (c) SPINT GALLA	gative	vid priho	shock it 20 11	vic failu	13	1thin 36 hours
	PART 2 OTHER SIGNIFICANT OF THE PART 2 OTHER SIGNIFICANT OTHE	CONDITIONS CONTRIBUTING TO DE	76		AINAL DISEASE OR C		VEN IN PART 110	

8 5 86	acut asdonen	N WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FIND IN CERTIFYING CAUSE YES	
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURRE	D (ENTER NATURE OF INJUS	RY IN ITEM 18 PART OR PART 2)	
21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TO	WN COUNTY	STATE
22a. I certify that (I) (this hospital)	ottended the deceased from 19 86 . on	d that in (my) (aur) apinian de	oth occurred on the do		, that (I) (we) la

220 BATE SIGNED DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN Pre-ADDRESS

SINAI

23c NAME OF CEMETERY OR CREMATORY 23d LOCATION

RUFFIN

BURIAL 8/10/1986 CHAPEL HILL CEMETERY

14 NUTTER OF SONS FUNERAL HOME, INC. 250 DATER 2501 GWYNNS FALLS PKWY, BALTIMORE, MD. ZIZIG

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

MPORTANT: If He

230 BURIAL, CREMATION, REMOVAL

1 1 mm 11 h

STATE OF MARYLAND

The AUR S & SAUL S SAUL SAUL

STATE OF MARYLAND

22e ADDRESS

23c NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/84 (VRA 15, 4)

ORT

JUL PHYS

24 FUNERAL DIRECTOR

(SPECIFY)

230 BURIAL CREMATION, REMOVAL

Burial

LEROY O. DYETT 4600 Liberty Hgts Ave.

8/16/86

23h. DATE

King Memorial Park Balto., Md.

25 HOUR

12MKIND OF BUSINESS OR

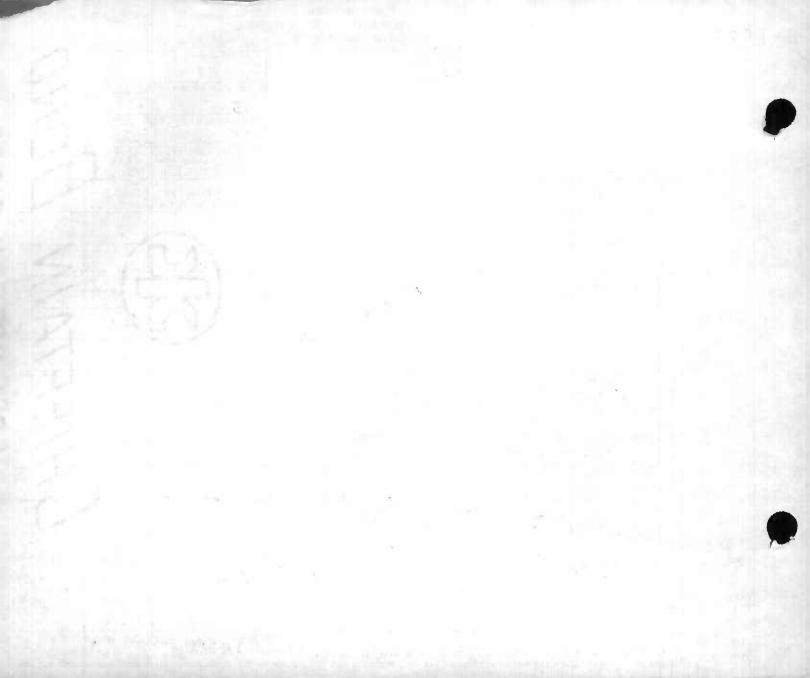
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

COUNTY

22¢ DATE SIGNED

IF UNDER 24 HRS

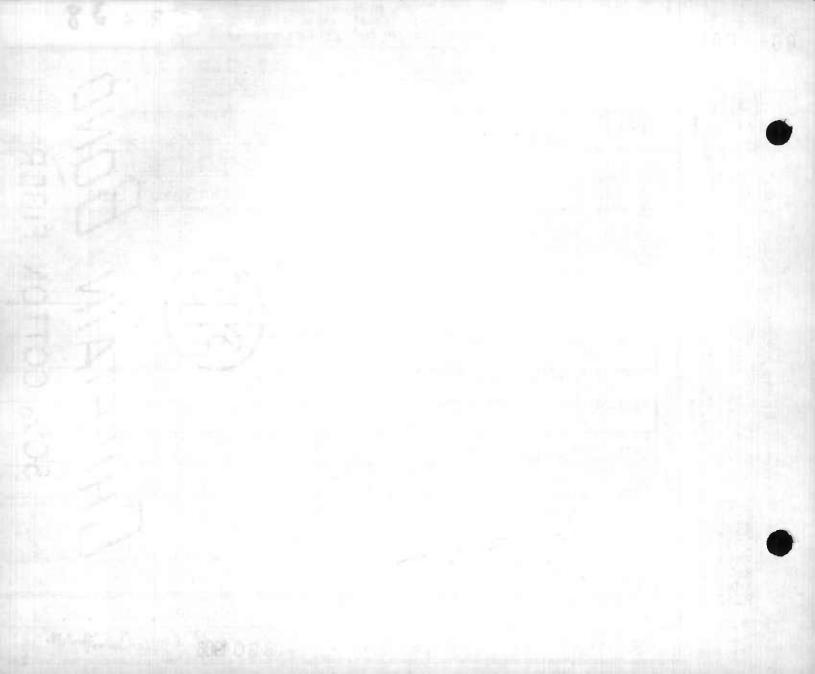
IF UNDER I YEAR



FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH

86 22238

)	10011	1. DEC	EASED NAM	E FIRST		MIDDLE		LAST	2o 1	DATE KNOWN	X MONIH	DAY YEAR	Zb. HOUR
	Name of the least	(1177)	OR PRINT)	BENJA	MIN I	ranklin	C	RAWFORD	_	OF ESTI-		16 19 86	,
1	理論を	3. SEX	Male	White	Jan 17,	YEAR LA	ST BIRTHDAY) MONT			DATE PNOUNCED DEAD	монтн	16 19 86	2d HOUF 11:40 A N
)	200 B		THPLACE (U.S.A.		8 MARR WIDOW	IED X NEVER MAR	RRIED	altimore city	_		100
	O SHEET	E	Y OR TOWN	re	Interst	ate & O'	Donnell		12a USUAL O	OCCUPATION (TO OF WORKING LIFE)	YPE OF WORK	OR INDUSTR Printi	Y
10212	AND	13a. ST	Maryla	nd 13b. COUN	OR OTHER INSTITUTION, C	Balti		YES NO		Clareway	212	213	
DRE, MD				s Emory (LAST		15. MOTHER'S MAI	DEN NAME Enr			LAST	
SALTIMO	S AFTER SIVE PA TH FOR	I6a W	Yes		TR OR DATES		6 0649	Mary L.	Crawfor	d 441		reway	
ON ST.,	24 HOURS ITEM 18. (LONG WI PERMIT. P GIENE, DI	7	PARTID	EATH WAS CAUSE	TE CAUSE (o)		erebral	trauma	/ 25			APPROXIMATE BETWEEN ONSET	INTERVAL AND DEATH
I W. PREST	ED WITHIN 2 I PENCIL IN I AMINER AL IL-TRANSIT I WENTAL HYG V, OR REMON		gave r	ins, if any, which ise to immediate) stating the under- use lost.	(b)	R AS A CONSEQU			12				
DRDS, 20	DE EXECUTE ENDING" IN WEDICAL EXA AS A BURIAL ALTH AND M CREMATION		PART 2 OTNER S	IGNIFICANT CONDITIONS	(c)CONTRIBUTING TO DEATH	BUT NOT RELATED TO	THE TERMINAL DISEAS	E OR CONDITION GIVEN IN	PART 1 id				
ITAL REC	HOUIT CHIEF USED OF HE	CERTIFICATION	190 DATE O	OPERATION	19b. COND	ITION FOR WHIC	H OPERATION W	AS PERFORMED?				20 AUTOPSY?	№ П
DIVISION OF VIT	ARTMEICATE THE VALUE OF THE VALUE OF TO THE VALUE OF	S	UNDERLY INC	NG CAUSE OF	DEATH 11:30	MMONTH DAY	1986 Dr	iver of a				RT 2	1.
DIVIS	WRITING WRITING WARDED AGE 3 SH TATE DEP	MED	WHILE AT WORK		STREET, FAC	OF INJURY (AT STORY, FARM, ETC.)	5	cation treet erstate &		YOR TOWN Ell St., I	Balto.		STATE MD
	MANNER: THE FORM RECTOR: FITH THE S RYLAND		22a I cert death result	A	ge of the remains de ral causes,	CHEST	Suicide	sy X, Inspect	Undetermin		and in my api	ınian	
	ERAL DIS		ACTUAL SIGNATURE	11/	DI	~	M	Deputy C	hief	EXAMINER	DATE SIGNED	8-17-8	6
	EXECUTE PAGE 4 TO FUN AFTER D BALLIM	23a.BU	EXAMINER'S (TYPE OR PRI	NAM Ann NT) TION, REMOVAL)	M. Dixon		OF CEMETERY O	ADDRESS	1 Penn		to., M	MD 2120.	1
07/84	BP	(SF	Burial		08 21 86		eterans Cen	etery	garriso	n Forest,			TE
25M	DHMH - 17		NERAL DIRECT		meral Hon	ne, Balti	imore, M	1. 250. DAT	E REC'D. BY REC	ISTRAR 356 REC	SISTRAR'S SIG	- Horpath	34



And and an army TOTAL TOTAL in the proposed with the same of the same the spend of the limits over the

00-	1	69	02
OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	CIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be physician.	Trifficate has been signed by the attending physicion and campletely lifted in by the last state threath page 3 9 ol-tronsit permit. Then please remove corbon papers. Pages 1 old 2 shalled be find within 72 hours after death CO and Hygiene prior to buriol, cremation, or remayal.	em 18 shows any injury, or other traumatic event, the medical examiner must be notified as new

TO HOSPITAL OR ATTENDING PHYSICIAN: The lov

DIVISION

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

22240

1-	STATE REGISTRAR				CERTIF	ICATE OF DEAT	Н	REG. NO.			
	EASED NAME	FIRST		AIDDLE		LAS1			NTH DAY	YEAR	26 HOUR
11116		ENNI	E		CROV	WDER	24	AUGUST 31	, 19	86	9:00 A
3 SEX			4 RACE		5. DATE C			AGE (IN YEARS LAST BIRTHD		UNDER 1 YEAR	IF UNDER 24 HRS
F	emale		Black		Modi	1/26/15	AR	70	YRS.	NTHS DAYS	HOURS MIN.
7a. BIR	THPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D NEVER MARRI	ED D	BALTIMORE CITY OR	COUNTYO	FDEATH	
	Va.		USA		WIDOWE			BALTIMOR	E C	ITY	MD.
10 CI1	Y OR TOWN OF DEA	TH		HOSPITAL, NURSIN		OR OTHER INSTITUTION		12a USUAL OCCUPATION		12b. KIND O	F BUSINESS OR
and the same	LTIMORE		THE J	OHNS HOR	KINS	HOSPITA		[TIPE OF WORK FOR MOST OF W	· ·	INDUSTRI	
13a. S	L RESIDENCE (IF NURS	136 COU	OTHER INSTITUTION	GIVE RESIDENCE BEFORE		1134 INSIDE CITY LIA	AITS?	3e.STREET ADDRESS / Z	IP CODE		
	Md.		and the same of th	Balto.		YES TO NO		2211 W. Pr	att S	t 212	23
14. FA	THER'S NAME		MIDOLE	LAST		15 MOTHER'S MAIL		E MIODLE			
}	Ruben.		Boxley	,		Jen	nie	WIODIE	Во	xley	1
	AS DECEASED EVER	IN U.S. AF			RITY NO.	17 INFORMANT		ADDRESS	3745	11911	
	10,110 01 014110 1111	(# 123, 01	VE WAR ON DAIES	228-38-98	315	Doretha	Stova	all Crestfi	eld C	t. 21	225
	18. CAUSE OF DEAT	H (Enter o	nly one couse per	line far (a), (b), and	d (c).j					BETWEEN	IMATE INTERVAL ONSET AND DEATH
	PART I. DE ATH W		ED BY: TE CAUSE (0)	Car	d10	pulmo	nar	1 arres	{-	30	miN
			DUE TO, O	R AS A CONSEQUE	NCE OF	The same	0.0				
	Conditions, if ony,		((b)_	sep	4					2.	DAYS
233	gove rise to imm		DUE TO, OI	R AS A CONSEQUE	NCE OF	HILLIAM				0.	
	underlying cause last DUE TO, OR AS A CONSEQUENCE OF PACUMONIC / backeremia								DAYS		
_	PART 2 OTHER SIGN	VIFICANT	CONDITIONS CO	NTRIBUTING TO D	EATH BUT	NOT RELATED TO TH	HE TERMIN	NAL DISEASE OR CONDIT	ION GIVEN	IN PART TO	0
CERTIFICATION		Stro	ce						-0.1.1		
CA	190. DATE OF OPERA	4	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED		20a AUTOPSY? 2	Ob. IF YES, V	VERE FINDIN	NGS USED OF DEATH?
E E	8/6	1-0		Coronary a	itery o			YES NO	YES		NO 🗌
	OR CONTRIBUTING			FINJURY (M. MONTH DA	Y YEAR	21c. HOW INJURY	OCCURRE	D (ENTER NATURE OF INJURY IN	TITEM 18 PART	I OR PART 2)	
CAL	(IF EITHER NOTIFY MEON			M.	19						
MEDICAL	21d. INJURY OCCURE		21e PLACE (OF INJURY EET, FACTORY, OFFICE, FA	ARM FIC 1	211 LOCATION		CITY OR TOWN		COUNTY	STATE
	AT WORK AT WO	RK									
	22a.l certify that (1)		_ _	deceased from_	8	19.	86	. to 8/3/	19		that (1) Wellast
	above, (1) (we) (c	did) (did no	ot view the body	after death.	XG, 01	nd that in (my) but	opinian de	oth occurred on the date	and hour a	nd from the	couses stated
	226. SIGNATURE	-	2			DEGREE				22c DATE	SIGNED
		1	1-	mD		ATTEN! PHYSK	CIAN	MEDICAL STAFF	THE TOP	1 8	3/31/86
	224. PHYSICIAN'S NA	AME (TYPE	A HKINT)			22e ADDRESS	-60.0	N WOIDE	C.m.	DATMC	MD
				Gross.			70 H	N. WOLFE	ST,	BALTC) • • MD
23a BI	JRIAL, CREMATION,	REMOVAL		23c N		EMETERY OR CREMA		23d LOCATION		OUNTY	
(3	Burial		9/4/8	6	Mt.	Auburn Cen	1.	Westpo	rt	CONIT	Md. STATE
24 FU	NERAL DIRECTOR			ADORESS			25a. DATE	REC'D. BY REGISTRAR 256	REGISTRA	RSSIGNAT	URE
	Chas.A.R:	ice F	SPA 130	0 Eutaw	Place		SE	P3 1900		and the second	/ t

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR:

MPORTANT: If he

		500					E OF MARYLAND			0 0	5 4	1
0-16043	1-	FOR STATE REGISTRAR			DEP		ICATE OF DEA		NE O REG.	NO.	6 up	l de la companya de l
- P - P - P - P - P - P - P - P - P - P	1.06	OF MINT)	ale	Rolar	n S.	CRO	when	Sr.	DATE OF DEATH	MONTH	E! &G	5:00A M
ge 4 moy) SE	nole		4. RACE White		5. DATE (H DAY	YEAR 894	AGE (IN YEARS LAST	YRS	MONTHS DAYS	HOURS MIN.
Peorth. Po		sh. D.C.	OREIGN	U.S.A.		WIDOW		RCED	BALTIMORE CITY	OR COUNT	Y OF DEATH	MD
is ofter o	1	BALT2	"	North !	Charles	Genera	orotherinstitu 1 Hospita	(2a USUALOCCUPA TYPE OF WORK FOR MOS Operator		FE) INDUSTRY	OF BUSINESS OR
AKYLAND 212 within 24 hou pletely filled in ad 2 sho/ld be cominer muss be	Ma 14. FA	AL RESIDENCE IF NURSI TYLAND THER'S NAME FIRST Crowt		OTHER INSTITUTION	Balti	BEFORE ADMISSIONI TOWN	134 INSIDE CITY	ELIMITS?	3821 Have		re 21	215
BALTIMORE, M cote be executed ysicion and com opers. Pages (a wol. it, the medical es	160 V	VAS DECEASED EVER	IN U.S. AR	MED FORCES? E WAR OR DATES)		SECURITY NO 1581	17 INFORMANT		wther Jr	2017	2: Freder	1229 ick Ave
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BA ING PHYSICIAN: The low requires that the death certificate of the administration. Wher this certificate has been signed by the attending physic os the buriol-transit permit. Then please remove carbon page the and Mental Hygiene prior to buriol, cremation, or removal orked or tiem. It is shows any injury, or other troumatic event, it		PART I. DEATH W Conditions, if ony, gove rise to imm couse 101, stofin underlying couse	AS CAUSEI IMMEDIAT which nediate g the	D BY. E CAUSE (o) DUE TO, O	OR AS A CONS	o pul	0,	blade	der disean	e	RETWEEN	XIMATE INTERVAL
E low requires to no. os been signed permit. Then ple me prior to burno was ony injury, or	CERTIFICATION	PART 2 OTHER SIGN CENERY 190 DATE OF OPERAT	o ve	CONDITIONS CI	ONTRIBUTING	CO CO CO	NOT RELATED TO		20a AUTOPSY?	20h IF YE IN CERTI	S, WERE FINDI	INGS USED S OF DEATH?
HYSICIAN: The nding physicio his certificate he buriol-tronsit di Mental Hygie I or them 18 sho	MEDICAL CERT	210. ACCIDENT WAS UND OR CONTRIBUTING CO (IF EITHER NOTIFY MEDIC 21d. INJURY OCCURR	AUSE OF DEA	P. 21e PLACE		19	21c HOW INJUR	Y OCCURRE	YES NO V	JURY IN ITEM 18	PART I OR PART 21	NO
he hospital on DIRECTOR A DIRECTOR of DIRECTOR of Director of Dept of Heal of Heal 1 is multiple of the property of th	2	white NOT WHAT WOR 270.1 certify that (1) sow the decease above, (1) (we) (d 22b SIGNATURE	(this hospited olive on,	tol) ottended th	ne deceosed fr	om	nd that in (my) (our	NDING	oth occurred on the	TAFF /		, that (1) (we) lost e couses stated E SIGNED
TO HOSPITAL reformed by 11 TO FUNERAL should be det with the Store			ESA	.1	J 1		Month c	charle	es exma		csnika	Inne
ВР	В	urial, cremation, specify) urial		08 21	86	Woodlawn	Cemeter		23d LODATION CITY OR TOWN Woodlav REC'D. BY REGISTR	n, Bal	to Co.	STATE
DHMH - 16 60M 7/B4 (VRA 15, 4)	74 B	urgee-Hens	s Fun	eral Ho	me, Ba	ltimore,	Md.	AME	DO TORK		TRAR'S SIGNA	

AUL ZUD DOB (AUL PELL DE CENT

FOR

seeth certiticate be executed within 24 hours attendenth. Pag	Hending physician and completely filled in by the funeral directors carbonpapers. Pages 1 of d 2 shayld be filed within 72 hours	ation, or removol.
cote	hysicia	ovol.
e ex	000	
ecuted	d com	
within	oletely d 2 sho	
24 hor	illed in	
urs offe	by the	
deoth	funerol thirp72	-
0	dire	

DIVISION OF VITAL RECORDS, 2D1 W. PRESTON ST., BALTIMORE, MARYLAND 212D1

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

P3	2	2	4	6.4
lin	Gue	Co.		3

REGISTRAR		CERTIF	ICATE OF DEATH	REC	G. NO.		4
(TYPE OR PRINT)	IRST MIDDLE		AST	20. DATE OF DEAT		DAY YEAR	26 HOUR
BE	ERTHA A	Α.	CUNO		29 1986)	9.15 AM
3. SEX	4 RACE	5. DATE C		6 AGE (IN YEARS LAS		IF UNDER 1 YEAR	HOURS MIN.
FEMALE	WHITE	SEP SEP	r. 29 1901	84	YRS		NOONS INC.
70 BIRTHPLACE (STATE OF FORE		MARRIE	NEVER MARRIED	9 BALTIMORE CIT			
MD.	U.S.A	- V IDOWE		,		CITY	MD
BALTIMORE		PITAL, NURSING HOME C ILITY, GIVE STREET ADDRESS) ELLWOOD	AVE.	120 USUAL OCCU			
USUAL RESIDENCE (IF NURSING 130 STATE MD.	COUNTY 13c.	RESIDENCE BEFORE ADMISSION) CITY OR TOWN ALTIMORE	13d INSIDE CITY LIMITS? YES X NO	130 STREET ADDRE	SS / ZIP CODE		. 2122
14. FATHER'S NAME	WIDDIE	LAST	15 MOTHER'S MAIDEN N	I AME MIDD	LE	LAS	1
STEPHEN	KOI	LASINSKI	MARY			KAS	ZAK
160 WAS DECEASED EVER IN (YES NO OR UNKNOWN) (IF YES GIVE WAR OR DATES)	SOCIAL SECURITY NO. 215-07-193	B EVA M.		ISTER)	SAME	ADDRES
PART 2 OTHER SIGNIF	hich (b)	A CONSEQUENCE OF A CONSEQUENCE OF BUTING TO DEATH BUT	NOT RELATED TO THE TER	RMINAL DISEASE OR C	ONDITION GIV	EN IN PART 110	0
190 DATE OF OPERATIO	in 196 CONDITION	iction ite	WAS PERFORMED	200 AUTOPSY?	IN CERTIF	, WERE FINDING CAUSES	
on convenience [] cur	SE OF DEATH HOUR A.M.	IURY MONTH DAY YEAR 19	21¢ HOW INJURY OCCU	JRRED (ENTER NATURE OF	INJURY IN ITEM 18 P	ART I OR PART 2)	
GESTINBUTING CAN (IFEITHER NOTIFY MEDICAL 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	AT HOME STREET, F	ACTORY, OFFICE FARM, ETC.)	211 LOCATION STREET	CITY	OR TOWN	COUNTY	STATE
saw the deceased	alive an august of Idea and Id	1986 . 9	nd that in (my) (our) apinio	n death accurred an the			that (I) (we) last couses stated
M. Isale	le har a		DEGREE ATTENDING PHYSICIAN		STAFF YSICIAN []	8.30	

DHMH - 16 60M 7/84 (VRA 15, 4)

ISABELLA McGRÉGOR

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

22e ADDRESS

11E. Chase Street, Baltwire, Md 21202 231 NAME OF CEMETERY OR CREMATORY

230 BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL 23b. DATE

9/2/86

BALTIMORE

Mb.

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DATE 13 SEP 3 1986 FUNERAL DIRE SCHIMUNEK FUNERAL HOME, INC. 3331 Brehms Lane, Balto. Md. 21213

OAK LAWN

0-17012

shared there you the wife

ALLES WALLES TO BERTHAM

Commence 2 to the contract of the Compact Str. 25

The state of the s

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS FOR 1 - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 1. DECEASED NAME 20. DATE OF DEATH MONTH YEAR 75 HOUR George В. Curran TYPE OR PRINTI (se +17 + Curran 86 7:15 AN В. deot IF UNDER 24 HRS & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 3 SEX 4 RACE 5. DATE OF BIRTH Male YEAR MONTH DAY white 67 19 9. BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE ASTATE OF FOREIGN 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Maryland INS A Bultimora City DIVORCED | WIDOWED EITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE)
Body-Fender Mech. Tate Dodge General Hospil. SUAL RESIDENCE (IF NURSING NOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) TO COUNTY 3a STATE Baltins ... 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Old Riverside Mel A.A. NO X 259 15 MOTHER'S MAIDEN NAME MA FATHER'S NAME P. MIDDLE Rilly JOSEP L anna 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS 166 SOCIAL SECURITY NO YES, NO OR UNKNOWN) 218 09 1965 Cecelia M. Curran Same as 13e II-Korea 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I, DEATH WAS CAUSED BY: 7 GZ Bleed W. PRESTON ST., IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse DIVISION OF VITAL RECORDS, 2D1 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 Then to by Wiser das CERTIFICATION Bleedin 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 19n DATE OF OPERATION 28a AUTOPSY? d IN CERTIFYING CAUSES OF DEATH? bei YES [NO [Pronsit p 71a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 10 211 LOCATION 214 INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE D NOT WHILE 6335 220.1 certify that (1) (this hospital) attended the deceased from_ 86 sow the deceased alive on obove, (h) (we) (did (did not) view the body after death and that in (my Cour) opinion death accurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING / MEDICAL STAFF MO PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME LTYPE OF PRINTS 77e ADDRESS south Hanguer 7001 0 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Md Veterans Cemetery Crownsville 8/12/86 MOTE Burial BP. 24 FUNERAL DIRECTOR 4001 Ritchie Mgwy Balto Md 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 Treha Daydon 5 George J.Gonce (VRA 15, 4)

#2 2-01 s

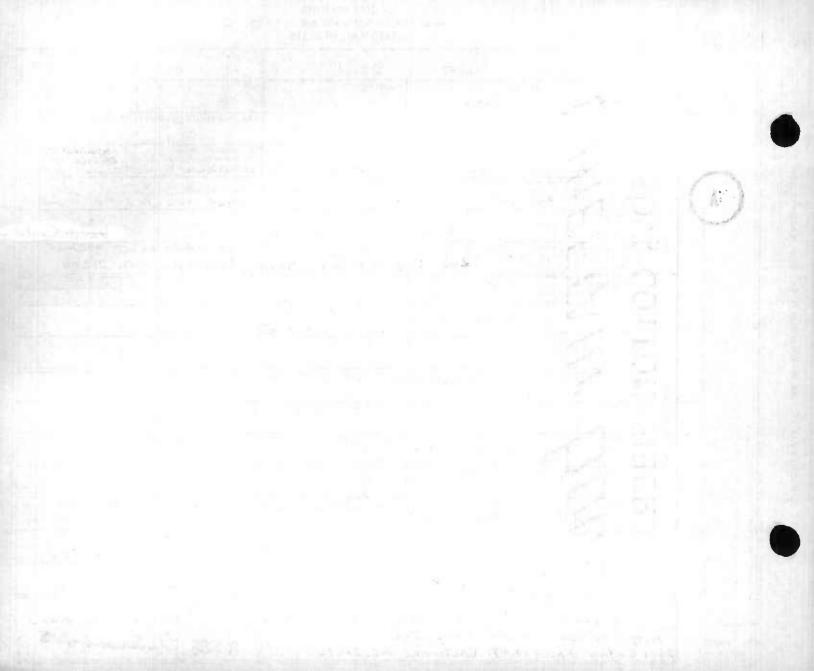
COV LAILS

annual Little

0-15	378)	1-	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYO	REG. NO.	46	and the state of t
0 13	316)		CEASED NAME	FIRST		MIDDLE	ī	AST	20 DATE OF DEATH MON	TH DAY YEAR	2h HOUR
٥	o th	30	(TYPE	OR PRINT)	Jose	ph	J.	Dan	nenmann	8	12 86	4:30
you	pog pr de		3. SE:	(4. RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDA		AR IF UNDER 24
4	offe			Male		White	е	Sep		76	MONTHS DAY	S HOURS A
000	20	20	70. BI	RTHPLACE (STATE ORF	OREIGN		WHAT COUNTRY?	8		9. BALTIMORE CITY OR C	OUNTY OF DEATH	
1	12	3	Ma	ryland		U	S.A.	WIDOWE		Baltimore	city	
-	11 /	10		TY OR TOWN OF DEA Altimore	TH	UF NOT IN SUC	HOSPITAL, NURSIN CHEACHITY, GIVE STREET ereal Str	ADDRESS)	DR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO Laborer	PRKING LIFE) INDUSTR	Facto
212	the to	DI	USU	AL RESIDENCE (IF NURSI	NG HOME OF	OTHER INSTITUTION		ADMISSION)	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZII		7
AND in 24	11	0		Md.			Balto.		YES X NO	1624 Cere	al St.	m/===
With	2 2	E	14 FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NA	WE		LAST
M	£ 5 X	× L		Josep			nenmann			known		
BALTIMORE,	ond	edico		VAS DECEASED EVER		WE WAR OR DATES)	166 SOCIAL SECU 217 01	5339	Barbara Vi	ctor 1618 H		21226
LTIA e be	ers. P	9			1.6.		L1	2221	Darvara VI	C 1010 I		OXIMATE INTERVAL
. ¥	physical	'ent,	-16	PART 1. DEATH W			(10 L)	MA	en las	The man ansi	BETWE	N ONSET AND DE
N SI	ding or rer	÷ c			IMMEDIA	TE CAUSE (a)	DAS A CONSCIOU	NCT OF	1	a company		
PRESTON ST	ove co	O H O		Canditians, if any,	which	(b)_(RAS A COMSEQUI	DACK	Serotu Cerel	isolase. Du	rease	
Pe the	the cremo	er tre		gove rise to imm cause (a), stating	g the	DUE TO, O	R AS A CONSEOU	NCE OF	1 3 10 3 7 3		3 THE 18	
thot	eose ol, cr	to ro		underlying cause	last	(c)_						
DS, 201	signed then pl	o'harð, o	Z	PART 2. OTHER SIGN	IFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITI	ON GIVEN IN PART	lia
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir	has beer t permit.	À Sour	CERTIFICATION	190 DATE OF OPERAT	ION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20	ID. IF YES, WERE FIN I CERTIFYING CAUS YES	DINGS USED ES OF DEATH?
VIT.		5 7 m		210. ACCIDENT WAS UND			OF INJURY	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART I OR PART	a
JO N	riol-t entol	E 7	CAL	(IF EITHER, NOTIFY MEDIC		R) P.	м.	19	E170 1 1			
VISION G PHY	the bu	kedor	MEDICAL	21d. IN JURY OCCURR WHILE NOT WH AT WORK AL WOR			OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	21f LOCATION STREET	CITY OR TOWN	COUNTY	STAT
a Zio	Aft se os eolth	e e	-	220.1 certify that	his hosp	ital) ottended th	ne deceosed fram_	101	9 ,19.73	5 , to 8/5	19.86	_, that 10 (we)
ATTEN	for the	2		saw the decease above, (I) (we) (d	d alive an	at) view the body	after death.	6.00	nd that in (my) (aur) apinian	death accurred an the date of	and haur and fram t	he causes state
ATT ATT	ched	E B		226. SIGNATORE	7	(01	1. 4	-	DEGREE		22c. DA	TE SIGNED
TAL y th	RAL I	= 	63	Cole	Du	100	acles,	MI	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	10 8/	2/86
HOSPI	should be with the St	MPORTA		220 PHYSICIAN'S NA	ME (TYPE C	OR PRINT)	tern	0	4700 R	nning fon Al	e Batta	uldar
TO reto	F 48 3 ;	≥		SURIAL, CREMATION,					EMETERY OR CREMATORY	23d. LOCATION	COUNTY	69.9
BF)	-		Buri		8/14/			Hill Cemete	ų v	A.A	
DHMH	- 16 50M 4/	В3		JNERAL DIRECTOR		to. Md	ADDRESS	2122		TE REC'D. BY REGISTRAR 256.	REGISTRAR'S SIGN	ATURE
(V	RA 15, 4)		Ge	eorge J.	Gono	e 4001	Ritchi	e Hg	wy AU	6 1 3 1986 Sul	a Davidson 1	andelle

STATE OF MARYLAND

340C:4 31SE 3	manemai	
	.nits series esta	els.
Lellthouse U. by	.a.E.0	Bright Williams
Tancisi, vol Tancisi,	Foort Locat 2	
Marie Carlos (Ser	20 to 1 to 1	
Total Late Hage Little	STREET, SESS TO SESS.	
I service and the service of		
The same yilloon you	word official duck	particle by the state of the state of



FOR

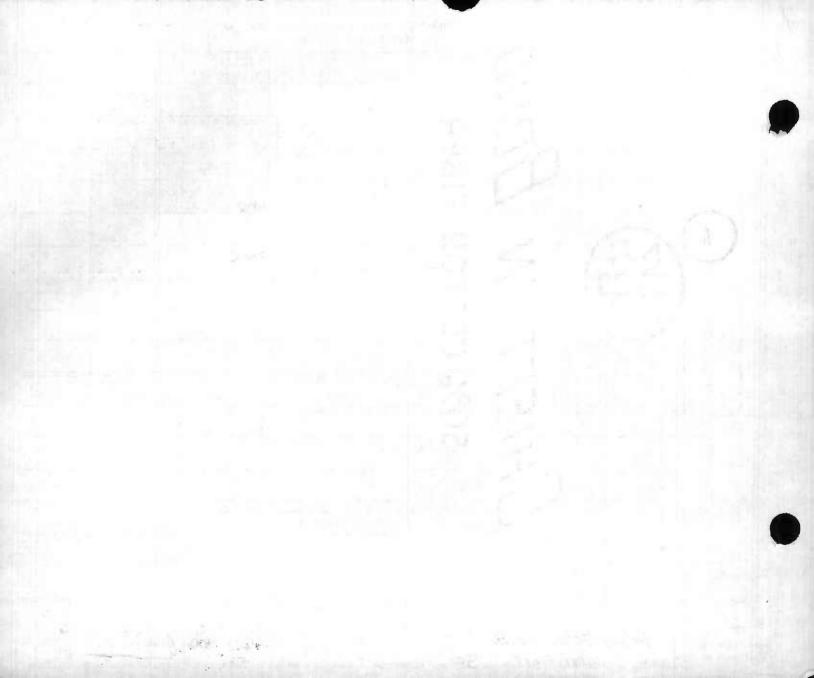
REGISTRAR

- STATE

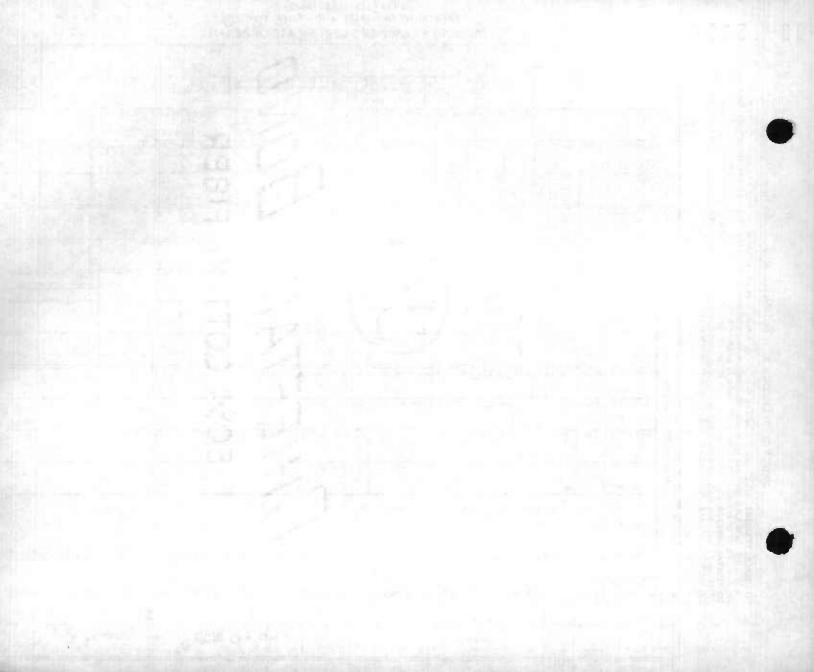
DHMH - 16 60M 7/84 (VRA 15, 4)

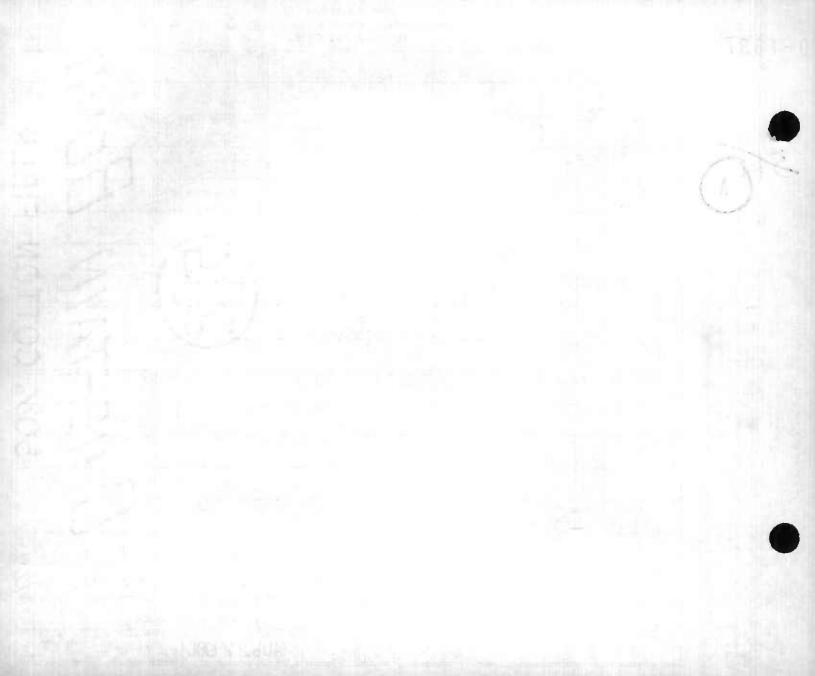
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS CERTIFICATE OF DEATH

REG. NO 2n DATE OF DEATH August 21, 1986 10:56 pm 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR BALTIMORE CITY OR COUNTY OF DEATH Baltimore City 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Papermill Laborer 13e STREET ADDRESS / ZIP CODE 302 MAryland Avenue MIDDLE Catherine Davis ADDRESS 3002 Maryland Ave., Baltimore, Md. APPROXIMATE INTERVAL 6 hours 6 hours 20n AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE to August 21. 19.86 19 86° , and that in $x_{
m Ny}$ (aur) apinian death accurred on the date and hour and from the causes stated 22¢ DATE SIGNED MEDICAL DIRECTOR PHYSICIAN c/o Maryland General Hospital 23d LOCATION Berkelev Springs, Morgan, WV



		1.	FOR		D	EPARTA			AARYLAND	AL HYGIER	NE 9	2	2	4 3	
00-	15697		STATE REGISTRAR				XAMIN			E OF DE	ATLI	G. NO		2	
		1. DE	CEASED NAME FIR	ST		MIDDLE			LAST		20 DATE KNOW		AONTH	DAY YEAR	Zb. HOUR
	8 2.6 S C	(TYP	E OR PRINT)	nces	O.			Г	Davis		OF ESTI		V275	10 1986	
	PILEAS PEETING REETING	3 SE)		5 DA	TE OF BIRTH	ail	AGE (IN YE	ARS IF UN		NDER 24 HRS	2c. DATE		ONTH	DAY YEAR	771
	AY IS NECESSARY, PLEASE OTHE FUNERAL DIRECTOR. AGES FOR YOUR FILES. FALED. WITHIN 72 HOURS OUT OF PRESENTING AND ACCOUNTS. OUT OF THE PRESENTING ASSETTING A	F	В	MON 8	TH DAY	46	140 YI	AY) MONT			PRONOUNCED DEAD		8	10 1986	F - 20D
	RAIL	7a BI	RTHPLACE (STATE OR REIGN COUNTRY)	7b. CI	TIZEN OF WH	AT COUNT	RY?	8 MARR	IED NEVER A	MARRIED X	9 BALTIMORE C	ITY OR C	OUNTY	OF DEATH	
	BASS A	1	rvland		U.s.a	9		WIDOW		VORCED	Baltim	ore (City	,	MD
	S # B B B	10. CI	TY OR TOWN OF DEATH	11. N/	AME OF HOSP	TAL, NURS	ING HOME	, OR OTH	ER INSTITUTION	12a US	UAL OCCUPATION	Y (TYPE OF	WORK 17	OR INDUS	USINESS
	ANY DELAY IS N AND 3 TO THE FU RETAIN PAGE 5 HOULD BENIED. RECORDS, 200 W	B	altimore	("	1614 L			ad			st Office			OK INDUS	IKI
=	AIN PEL	USU A 130. S	AL RESIDENCE HE IN NURSING H	OME OR OTHER	INSTITUTION, GIVE		OR TOWN	ON)	1134 INSIDE CITY LIN						
21201	F ANY SHOUL SHOUL		ryland	OUNIT	AND DESCRIPTION OF THE PERSON NAMED IN COLUMN 1		imore				REET ADDRESS	a boo	500	21218	2
ġ.	- 000 N	-	ATHER'S NAME						15. MOTHER'S A		E	2001_0	Oau		1
, H	PEATH OF SESTI	T.	ohn	MIDDL	.E	Day	IST C		FIRST		MIDDLE			LAST	
VO	AAA TZ	160. V	VAS DECEASED EVER IN U.S	. ARMED FO	ORCES?		AL SECURIT	Y NO.	Rosa 17. INFORMAN		Lee	DRESS	-		
BALTIMORE, MD.	S AFTE GIVE P ITH FO PAGES IVISION			, GIVE WAR OR I	DATES)	071.1	67819		T-l. D					-	
, m		n	IB CAUSE OF DEATH (Ent	er anly ane a	rauca nas lina i				I John D	avis It	514 LochW	ood	Koao	APPROXIMA	TE INTERVAL
. IS	A 1B. WATE, D.		DADTIDEATHIALAC CA	LICED DW	SE (a) Intr			hemor	rhage					BETWEEN ONS	SET AND DEATH
O NO	CON SEE SEE SEE SEE SEE SEE SEE SEE SEE SE		IMMI		DUE TO, OR				riage				_		
ES	EMC ASITA		Conditions, if any, w		001 10, 017	NO A CO110	LGOLINCE							100	
٧.	NINE NINE NINE NINE NINE NINE NINE NINE	18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Intracerebral hemorrhage IMMEDIATE CAUSE (a) Intracerebral hemorrhage Conditions, if any, which gave rise to immediate cause (a) stoting the underlying cause lost. Conditions, if any, which gave rise to immediate cause (a) stoting the underlying cause lost. (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OB CONDITION GIVEN IN PART 1 (a) 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED?													
, io	AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA		lying cause last.	- I	DUE 10, OR A	45 A CONS	EQUENCE	Jr.						130/1	
5, 2	N N N N N N N N N N N N N N N N N N N		BARY B CAUSE DICHELLAND COND.	((c)										
RECORDS, 201 W. PRESTON ST.	ENA B B B B B B B B B B B B B B B B B B B	z	PART 2 OTHER SIGNIFICANT CONDI	TIONS CONTRIBE	ITING TO DEATH B	OI NOT RELATE	O TO THE TERM	INAL OISEAS	E OB CONDITION GIVE	N IN PART 1 (a					
N. C.	A A SEALT	CERTIFICATION	190, DATE OF OPERATION		IN COMPITE	ONLEGEN	UUCI OBER	ATIONIN	AS PERFORMED	2					
	SHOULD ORD "PE CHIEF A FE USED A TOF HE	2	THE DATE OF OPERATION		IVE. CONDITI	ON FOR W	HICH OPER	ATION W	AS PERFORMED					20 AUTOPS	
DIVISION OF VITAL	WORD WORD WORD BE US	Ē	21a EXTERNAL CAUSE WA	c	21b. TIME OF	16 LILION		In						YES X	NO 🗌
0	A THE WEEK		UNDERLYING DOR		HOUR A.M.		DAY YEAR	ZICH	OW INJURY OCC	CURRED LENTER	NATURE OF INJURY IN I	EM 18 PART	1 OR PART	2)	
ō	A LO LA SOL	MEDICAL	CONTRIBUTING CAUSE	OF DEATH	P.M.	F. D. L. D. (B.)	19	-							
S S	DEF DEF		21d. INJURY OCCURRED WHILE ON NOT WHILE		21e PLACE O STREET, FACTO		(AT HOME,		CATION		CITY OR TOWN		COUN	ATY.	STATE
۵	WR WARI		WHILE NOT WHILE												
	FR: THIS CERTIFICATE SHOULD I ATE, WRITING THE WORD "PER ORWARDED TO THE CHIEF M NR: PAGE 3 SHOULD BE USED A THE STATE DEPARTMENT OF HEA Up. 21201 PRIOR TO BURIAL, C	1	22a I certify that I took	charge of the	e remains desc	ribed obav	e, held on	Autop	sy XX, Insp	pection ,	Inquiry .	and in	my apin	non	
	NEW CHANGE		death resulted fram:	Natural caus	es X	Accident [], Su	icide	, Hamicide	Under	termined manner				
-	ERT ERT WITH WITH ARY		1	,		1			TITLE (SPECII						
	AACHA, —		ACTUAL SIGNATURE	Ler	25	lin	-	M	.D. Assist	ant MED	DICAL EXAMINER		DATE	8/11/8	36
	MEDICAL CUTE THE SE 4 SHC FUNERAL TIMORE,				1			8			TOTAL ENTANTIAL		3101420		
		0	(TYPE OR PRINT)	7111iar	m.M. Za	ane, M	1.D.		ADDRESS	111 Per	nn St.	Balt	O.MD).	
	DAY DAY	23a.B	JRIAL, CREMATION, REMOV	AL 236 DAT	IE	23c. N/	AME OF CE	METERY O	RCREMATORY	23d. LC	OCATION		COUNTY	,	STATE
07/84	BP	13	Burial	8/	18/86	Ce	dar H	ill		Ar	nne Arund	lel	COUNTY		land
25M	DHMH - 17	24 Ft	JNERAL DIRECTOR					11	250.	PATE REGIDA	Y REGULERAR 256	REGISTR.	ARIS SIC	MATHE IN	
	(VR A15 ME (5))	N	m.C.March F/1	Inc.	11013	East 1	North	Aven	ue		0			-	0





TSP 81 1

N

STATE OF MARYLAND	OF MARYLAND	STATE OF MARYLAN
-------------------	-------------	------------------

	1-	STATE REGISTRAR		DEPARIM		ICATE OF DEATH	REG. NO).				
		CEASED NAME PRIST		AIDDLE		AV15	2a DATE OF DEATH	MONTH 8	DAY S-/8	YEAR 6	26 HOU	IR P. M
	3. SEX	MALE	4 RACE WHI	TE	S. DATE C	Y 31, 1905	6 AGE (IN YEARS LAST BIRT	YRS	H UNDER	DAYS	IF UNDER	24 HRS MIN.
7	MÃ	RTHPLACE (STATE OR FOREIGN OUNTRY) ARYLAND	USA	what country?	WIDOWE		9 BALTIMORE CITY O BALTI	MORE	CITY			MD.
1	BA	TY OR TOWN OF DEATH ALTIMORE	N.CH	HARLES GEN	I. HO	OR OTHER INSTITUTION	120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF PAINTER		FEI INDL	JSTRY	F BUSINE	
1	MA			RANDALLS		150 [5]	4 CINNAMON	ZIP COD	, APT	. 1F	3 #2	1133
2	2 FA	THER'S NAME ABRAHAM	WIDDLE	DAVIS		15 MOTHER'S MAIDEN NAM	WIDDIE		INSB	ERĞ		
7	NC	VAS DECEASED EVER IN U.S. A S NO OR UNKNOWN) (IF YES, G	RMED FORCES? IVE WAR OR DATES)	166 SOCIAL SECUR 218-32-4	1452H	17 INFORMANT HEF	RBERT DAVIS		r.s. I	MD.	211	17
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA		SEPT1	CEN	nIA d URII		CTI		APPROXIVE CONTRACTOR	MATE INTE	DEATH
		Conditions, if any, which	DUE TO, OF	RAS A CONSCOURT	BERO	VASCULA	R ACCID	> ENI				
		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OF	RAS A CONSEQUEN	ICE OF	FAILURE						
	NOI	1, -,	ART	FAILUR	2 E	40.00						
1	CERTIFICATION	19a DATE OF OPERATION			OPERATIO	N WAS PERFORMED	YES NOW		FYING C	AUSES		TH?
-		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	EATH HOUR A.	M. MONTH DAY	Y YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	TY IN ITEM 18	PART I OR P	ART 2)	103	S. S.
	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (OF INJURY EET, FACTORY, OFFICE, FA	RM, ETC)	211 LOCATION STREET	CITY OR TO	wn e [COU	NIY	5	STATE
		22a I certify that (1) (this has saw the deceased alive a above, (1) (we) (did) (did r	n	8/5 198		nd that in (my) (our) opinion o	, to leath accurred on the do	bite and hou	19_8 ur and fro	om the c		we)lost oted
		A.C.	Queuru Que	lit, m.		DEGREE ATTENDING PHYSICIAN	MEDICAL STAR DIRECTOR PHYSIC		226	BATE S	SIGNED 5/8	6
		A.C. CH	OLVA (LIT		N. CHARLES	S GEN. HOSP	B.	ALTO	. MI)	

23a BURIAL, CREMATION, REMOVAL BURIAL

231 NAME OF CEMETERY OR CREMATORY ANSHE NEISEN

23d LOCATION ROSEDALE

BALTO.

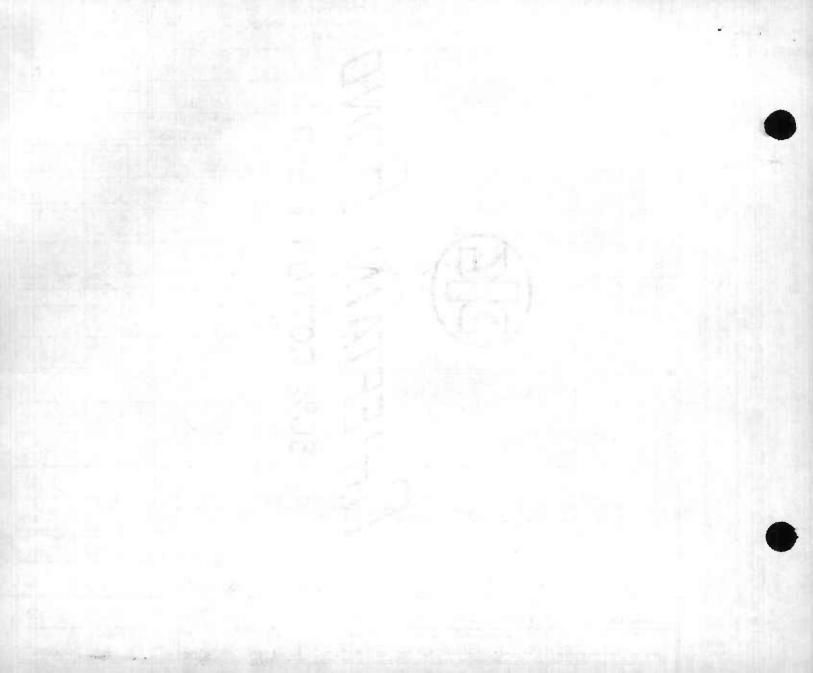
51 MD

AUG.6,1986 SOL LEVINSON & BROS., INC. STOWN RD. BALTO MD 21 24 FUNERAL DIRECTOR 6010 REISTERSTOWN RD. 21215

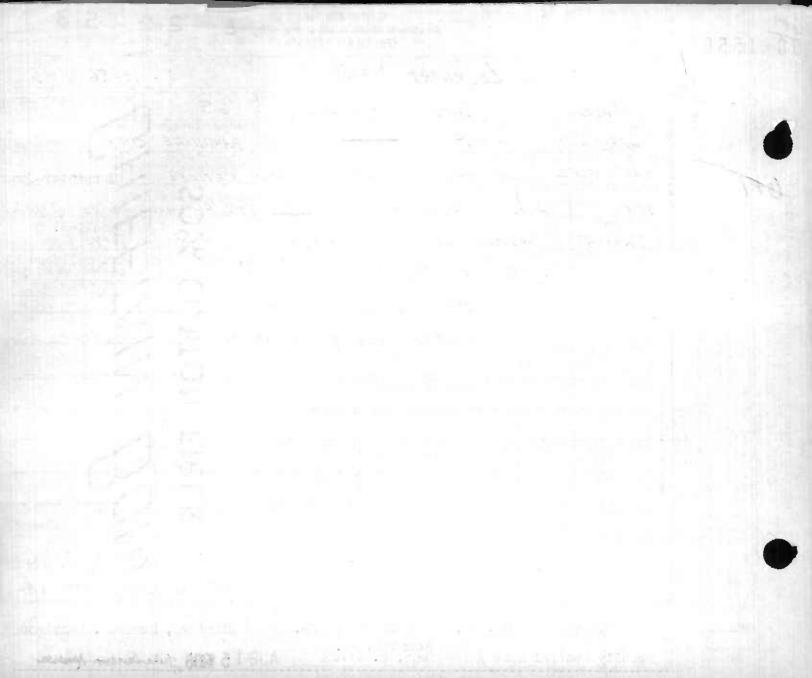
250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/B4 (VRA 15, 4)

MPORTANT: # H



A Limbert A. Days CH 122 86 Extrapolation Secret Hospital Market Commercial 3/0/8 P. Hermany Steware Histo Front Fringer 3 6073 Georgeon to test Lag Appeared to pay 1850 Sing Harperta Referred & Rolly M.C. Hairtenton Helm matte





Village part of the second of the

The first of the second

The second of th

OR

TO HOSPITAL

BP.

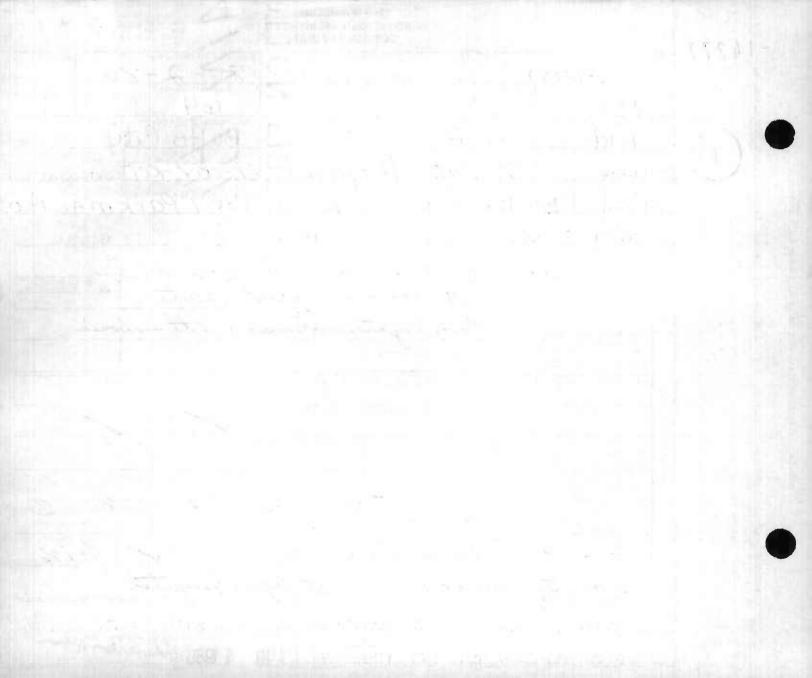
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	STATE REGISTRAR			out Anti	CERTIF	ICATE OF DE			3. NO.	2.10	
		CEASED NAME	FIRST		*IDDLE		LAST		20. DATE OF DEA	Н момтн	OAY YEAR	2b HOUR
	,	ON TRIVITY	Glenn		Α.	D	AY, Sr.		8 -	2-	86	M
	3. SE	(4 RACE		S. DATE	BIRTH	11/2/	6 AGE (IN YEARS IA	ST BIRTHDAY)	IF UNDER 1 YEAR	
		Male		Whit	-0	June	_	22	64	Vac	MONTHS DAYS	HOURS MIN.
2		RTHPLACE ISTATE	OR FOREIGN		WHAT COUNTRY?	8	4		9 BALTIMORE CI	YRS TY OR COUN		
50) (Marriland	,	TICA			D DEVERMA		Bal	-0	the	
900	In CI	Maryland		USA 11 NAME OF F	OSPITAL, NURSIN	WIDOWE		DRCED [12a USUAL OCCU	PATION	LI24 KINID	MD. OF BUSINESS OR
15			DEATH		HACILITY, GIVE STREET		-0.7		(TYPE OF WORK FOR M			
0		ltimore		ST	Malles	110	50110	LL	Truck Dr	iver	David	dsonTrans
Z	13a. S	STATE	13b. COMIN		GIVE RESIDENCE BEFORE		134. INSIDE CIT	Y LIMITS?	130 STREET ADDR	SS / ZHP CO	DE .	
	Ma	aryland			Baltimo	re	YES N	10 🗆	1,607 Par			21230
	14. F.A	THER'S NAME		MIDOLE	LAST		15 MOTHER'S		WE			
9		Trustin	_	olk	Day			lie	MIDE	LE		pert
		VAS DECEASED EN	ER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	IRITY NO.	17. INFORMAN		Al	DDRESS	Idi	JEL C
		res, no or unknown) Ces	(IF YES, GIV	WAR OR DATES)	710-09-6	852	Anna Da	y, 160	07 Parkma	n Ave.	, 21230	
		18. CAUSE OF DE	ATH (Enter on	y one couse per	lige for (o), (b), on	d (c).)		4	A	1	APPRO	XIMATE INTERVAL
		PART I. DEATH	I WAS CAUSE		Meyor	card	eal in	flare	t, ac	ite		S ONSET AND DEATH
		DOSESTING.	IMMEDIAI	E CAUSE (o)	-		/	4				
				DUE TO, O	A CONSEQUE		thomask	la-	- md	Home	Arais	
		Conditions, if a		(p)	-6,-1	1		-,00		-,0,0,,		
		couse (o), strunderlying co		DUE TO, OF	R AS A CONSEQUE	NCE OF						
Н		enacriying co	036 1031	(lc)								
	7	PART 2 OTHER S	IGNIFICANT C	ONDITIONS CO	INTRIBUTING TO	DEATH BUT	NOT RELATED T	O THE TERM	INAL DISEASE OR	ONDITION	SIVEN IN PART 1	101
	0											
	CERTIFICATION	190 DATE OF OPE	RATION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFOR	MED	200 AUTOPSY?	20b. IF Y	ES, WERE FIND	INGS USED
	TIF								YES TO NO		TIFYING CAUSE	NO [
	SER	21a. ACCIDENT WAS	UNOERLYING	216. TIME O	FINJURY		21c HOW INJU	JRY OCCURR	RED (ENTER NATURE OF		-	
		OR CONTRIBUTING	_		M. MONTH DA		1 - 5 - 5 - 5					
	MEDICAL	(IF EITHER NOTIFY A		P./		19	211 LOCATION					
	ME		T WHILE		EET, FACTORY, OFFICE, F	ARM, ETC)	STREET		CITY	OR TOWN	COUNTY	STATE
		AT WORK AT	WORK			-		01	8/			
		22a. I certify that	(I) this hospit	all) ottended y	9	N/	3/	19 86	10 / 8		. 19 86	, that (I) (we) last
		sow the dece	eosed dive on.) view the body	ofter death	76 2, or	nd that in (my (o	ur) pinion o	deoth occurred on the	ne dote and h	our and from the	e couses stated
	4.4	226. SIGNATURE	0.0	00) / 0	_	DEGREE				22c. DAT	5 SIGNED
		In a	llea	my	Lecke	- C		ENDING T		STAFF	1 8/	2/2/
		22d PHYSICIAN'S	NAME ITYPE OF	PRINT)			22e. ADDRESS	I SICIAN L	J DIKECTOR PH	ISICIAN	1/	700
		wm	. 5.	Hic	CKEN		S	+ ag	nes Ha	pete	l'	
		URIAL, CREMATIC	N, REMOVAL	23b. DATE	23c N	NAME OF C	EMETERY OR CR	EMATORY	23d LOCATION	-		
	1	Buria	1	8/5/86			ille Vet		Crowner	1 2 2	COUNTY 7 7	Maryland
	24. FU	INERAL DIRECTOR		10/3/00	ICL				E REC'D. BY REGIST		A.A.	Maryland
		NAME			ADORESS	2	1229			7 0.		Digital and

Hubbard Funeral Home, Inc., 4107 Wilkens AVe.

DHMH - 16 60M 7/84 (VRA 15, 4)



			FOR			DEBART	STATE MENT OF HE		ARYLAN		VCIENE	_	0	25	7	
] -	STATE REGISTRAR		M		EXAMINE				FDEATI	H 2	EG. NO.	2 3		
- 16	6983	1. DE	CEASED NAME	FIRST		WIDDLE		L	AST			DATE KNO		MONTH DA	AY YEAR	26 HOUR
- 1 (202	(TYP	E OR PRINT)	LILI	Y			DF	COUR	SEY		OF EST	ED 😾	8 30	0 19 8	6
	PLEASE ECTOR. FILES. HOURS	3. SEX		4. RACE	5. DATE OF BIRT		6. AGE (IN YEARS LAST BIRTHDAY)	IF UND	DER 1 YR.	IF UNDER		DATE		AONTH DA		2d HOUF
	DELA IL CEES ARY, PLEASE 3 TO THE FUNERAL DIRECTOR. IN PAGE 5 FOR YOUR FILES. D BE FILED, WITHIN 72 HOURS RDS 724 W PRESJON STREET,	FE	MALE	BLACK	SEPT 22		82 YRS.	MONTHS	DAYS	HOURS	MIN PRO	DE AD		8 3:	1 19 8	6 7:41
-	A SALES	7a BI FO	RTHPLACE (STA	ATE OR	76. CITIZEN OF	WHAT COUN	ITRY? 8.	MARRIE	D NE	VER MARRI	ED 0 9 E	BALTIMORE	CITY OR	COUNTYO	FDEATH	
	S C N		ARYLAN			of A		VIDOWE		DIVORCE		Baltin				WC
2/	H H H H H H H H H H H H H H H H H H H	10 CI	TY OR TOWN C		LIE NOT IN SUCH	FACILITY GIVES	RSING HOME, C		R INSTITUT	TION		OCCUPATION OF WORKING		WORK 12b	KIND OF 8 OR INDUS	USINESS
2	DELA N PA SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS	145 L L A	Baltin		2019 N	I. Ful	ton Ave.				F	RETIRE)		DOME	STIC
21201	29E38	13a S	TATE	13b. COL		HER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 13d. INSIDE (1TY LIMITS? 13e. STREET ADDRESS								212		
	7. IF AN 7. 2. AN 7. 3. RE 2. SHO		THER'S NAME	0		BAL	TIMORE		YES X	NO [2019	V. FU	LTON	AVENU	E
E, MD.	T. S.	3	FIRST		MIDDLE	MODDT	LAST		FI	R'S MAIDE		MIDDLE		TOTAL	LAST	
UMORE,	AGES I	16a. V	EDWARD VAS DECEASED	EVER IN U.S. A	RMED FORCES?	NORRI	CIAL SECURITY N	10. 1	7 INFORM	ELIZA MANT	BETH	AD	DRESS	RE	ESE 2	1216
1	JRS / THE EST H. 3. GIVE PAGES 1, 2 WITH FORM PM 2 T. PAGES I AND 2 DIVISION OF VIA	(1)	ES, NO, OR UNKNOV	VN) (IF YES, GF	VE WAR OR DATES)	21	9 34 119	96	REV.	TSIA	H LUCA	S 25	32 W.	LAFA		
-	W WITH A		18 CAUSE OF	DEATH (Enter of	only one couse per li							~ ~,			APPROXIMA	TE INTERVAL
PRESTON ST	SES SES		PARTIDEA	ATH WAS CAUS	EDAY		osclerot	ic c	cardio	ovascı	ılar d	lisease	2		ETWEEN ONS	SET AND DEATH
STO	ファイヒン〇				DUE TO, C	OR AS A CON	SEQUENCE OF							300		
8	MER NER SANS			s, if any, whice to immedia									0.01			
×.	UTED WITHI IN PENCIL I EXAMINER RIAL - TRANS O MENTAL H		couse (o)	stating the <u>unde</u> e lost.	DUE TO, C	OR AS A CON	SEQUENCE OF							20		
5, 201	XECUTED WITHINGS IN PENCIL IN SAL EXAMINER BURIAL - TRANSI AND MENTAL HATION, OR REM		(C)													
RECORDS,	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMONED TO THE CHIEF MEDICAL EXAMONED BE USED AS A BURIAL AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND ME BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION,	z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (8)													
E	MEN WEN CR	CERTIFICATION	19a. DATE OF	90. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?									AUTOPS'	Y2		
IAL	HOULD HE WEL WEL USED A OF HEA	IFIC	10000												YES 🗆	
N Y	HE CHANGE	CERT	21a EXTERNA			ÖF INJURY .M. MONTH	DAY V545	21c HO	WINJURY	OCCURRE	DIENTERNATU	URE OF INJURY IN	ITEM 18 PAR	T T OR PART 2)	123	140 [2]
ONO	ANT NOTE OF THE	CAL	UNDERLYING CONTRIBUTIN	G CAUSE O		.M. MONTH	DAY YEAR									
DIVISION OF VITAL	CERT TING 3 SH DEPA 1 PRI	MEDICAL	21d. INJURY O	CCURRED	STREET, FA	E OF INJURY		211. LOC	ATION		CI	ITY OR TOWN		COUNTY		STATE
٥	WRII WRII ARE ARE ATE	2	AT WORK	NOT WHILE AT WORK								AT OR TOWN		COUNT		STATE
	ATE, TORNOR, PREST	110	22a I certify	y that I took cha	rge of the remoins d	lescribed obc	ove, held on	Autopsy	□.	Inspection	K	Inquiry .	ond ii	n my opinior	n	
	MINING INFIC IN THE YLAN	34	death resulte	d Irom: No	turol couses X,	Accident	, Suicio	de 🔲,	Homic	ide .	Undeterm	ined manner	□.			
	EXA CERT DUED DIRI WAR		ACTUAL	111	· -/	1/			TITLE (SI	With Party of the Control of the Con				DATE		Hayes
	SHE SHE		SIGNATURE_	11/1		-		- M.D	ASS.	istan	MEDICA	LEXAMINER		SIGNED_	9-1-8	6
	MEDI CUTE FIUNE FINO FINO		EXAMINER'S N	iw ame	lliam M.	Zane,	M.D.		DDRESS	111	Penn	St., E	Balto	., MD	212	01
	PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE	23a.BI	JRIAL, CREMAT	ION, REMOVAL			NAME OF CEME				23d. LOCA					
07/84		(S	PECIFY) BUR		9/6/86	ST						ALISTO	JN (BALTO		MD.
25M	DHMH - 17	24. Ft	JNERAL DIRECT		ADDRE		0.0100210				EC'D. BY RE	GISTRAR 25		RAR'S SIGN		
	(VR A15 ME (5))	L	EWIS T.	GWYNN	4517 PAR		HTS AVE	NUE :	21215	SEP	4 19	86	in Davi	idson-A	غبرطواند	D.

1000100

2 2 3 3

(

SUCCESS TO SECURE OF SUCCESS T

1. Then (, DELIGH) HAVE STANDED TO THE STANDARD OF 10/10/10 AND ADDRESS OF 10/10/10/10 AND ADDRESS OF 10/10/10/10/10 AND ADDRESS OF 10/10/10/10 AND ADDRESS OF 10/10/10/10/10

LANES 1. WILLIAM AST 7 FACTO HUMANDS AVENUE 20015 ASSESSMENT OF THE PROPERTY O

00-16949

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGJENE

22256

7	1 -	REGISTRAR		CERTIF	ICATE OF D	EATH	REG. NO).			
		CEASED NAME FIRST William	m E.	Del	aven	Sr.	20 DATE OF DEATH	8 30	YEAR 86	26 HOUR	_ :
	3. SEX	Male	4 RACE White	S. DATE C	gust ^{DAY} 3.	1'911	6 AGE IN YEARS LAST BIRTI	YRS	UNDER I YEAR	IF UNDER 2	MIN.
L		RTHPLACE (STATE OR FOREIGN Md.	76 CITIZEN OF WHAT C	WIDOWE		VORCED [Baltimore city of	e City	DEATH		MD.
6	+	Baltimore		emorial Ho		IITUTION	Accountan	WORKING LIFE)	126 KIND O INDUSTRY Arund		
3	A SHOW	RESIDENCE (IF NURSING HOME OR ATE Md.		Terrown Trimore	13d. INSIDE C	ITY LIMITS?	500 W. Unix	ZIP CODE Versity	Pkwy	.2121 Apt	8c_
×	14 FA	John E		Haven	Cor		Maude		ylor IAS	т	
1		VAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES, GIV	1227 A DO DAME	-01-3345	Ruth D		same as 136				
	CERTIFICATION	18 CAUSE OF DEATH lEnter or PART I. DEATH WAS CAUSE IMMEDIA! Conditions, if any, which gave rise to immediate couse to stating the underlying couse last. PART 2. OTHER SIGNIFICANT OF THE PART 2. OTHER SIGNIFICANT OF T	DUE TO, OR AS A (b) DUE TO, OR AS A (c) CONDITIONS CONTRIBUTE CONTRIBUTE CO	CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF	intest NOT RELATED Trial	TO THE TERM	INAL DISEASE OR CONE	DITION GIVEN			
/	TIFIC	None		NA			YES NO	IN CERTIFYII YES			H?
7	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINES 21d INJURY OCCURRED WHILE AT WORK 220. I certify that (I) (this haspi sow the deceased alive on	P.M. 21e PLACE OF INJU (AT HOME, STREET, FACT) tol) oftended the decep	DNTH DAY YEAR 19 JRY ORY, OFFICE FARM ETC.) sed from 19 66, or	211 LOCATIK STREET	1. 19.86. (our) opinion of	to Atagas to Atagas death occurred on the do MEDICAL STAF DIRECTOR PHYSIC	30, 19 te ond hour o	COUNTY	that (I) (w	
			. Crawford,				on Memorial	Hospit	al		
		BURIAL, CREMATION, REMOVAL	9-3-86	Lorrain	e Park	Cemete	ry Woodlawn	Bal	lto.	Mc	31
	24 FL	JNERAL DIRECTOR				25a. DATE	REC'D. BY REGISTRAR	Sb. REGISTRA	R'S SIGNAT	URE	

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attenshould be detached for use as the burial-transit permit. Then please remove a with the State Dept of Health and Mental Hygiene prior to burial, cremation,

IMPORTANT. If hem 21 is marked or hem 18 sho

Burgee-Henss Funeral Home 3631 Falls Rd 21211

1986 Julie Tavidson-Mandales SEP 4

117

LANGE TO THE THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF T

Lagrandia X

- 1	FOR
1 -	STATE
	REGISTRAF

STATE OF MARYLAND

45	63	
	1 1	100
6	- 64	0.00

1-	STATE REGISTRAR			DEPARTI		ICATE OF	DEATH	IEME O	REG. NO			
	CEASED NAME	rest		MEDDLE	Sales !	ast.		In DATE OF	PDEATH	MONTH	DAY YEAR	2E HOUR
(11111	(Or Manie)	Frank	(M	MIT)	DeL	dbera	388			8 2	5 1986	5:30 B
3. 5E)	×	ERIC	4 RACE		5. DATE C		-	A AGE INT	EARS LAST BRY	HOAT	# UNDER 1 YEAR MONTHS DAYS	HUNDER ZINKS
130	Male		Whit	e	4	16	1898	(3)	88	YRS	The state of the s	Total min
	Ttaly	OR FOREIGN	U.S.	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER	MARRIED		imore		OFDEATH	MD
10.01	ITY OR TOWN OF D	EATH	IT. NAME OF	HOSPITAL, NURSIN	NG HOME C	Trial .	The second second second second	17e. USUAL	OCCUPATI	ON	125 KIND-O	F BUSINESS OR
	Baltimore	/		s Scott I		dical	Center	Roll				Mfgr.
13a. 5	ALRESIDENCE IF IN STATE ryland	Us COU	CONTRACTOR PORTON		ADMISSIONS.	IM INSIDE	and the second state of	13e STREET 217 C			No.	and the same of th
14, FA	ATHER'S NAME					15. MOTHER	S MAIDEN NA				- E S S	ACTO THE
1	Dominic		WEIGHT	Delibera	1	Lo	uise		WIDDIE		Sone	
166/9	WAS DECEASED EVI			16h SOCIAL SECU		17. INFORM	ANT		ADDRE	55	A 100	NO DE
10	NO DE LIHEROWNI	(F 101, G)	MALE NO BOW BY	285/10/0	0654	Emma	A. DeLi	bera (wife	same	as 13e.)
	gave rise to immediate cause 101, stating the pue 10, or as a consequence of underlying couse lost. PART 2: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN											0
THECATION	THE DATE OF OPER	RATION	19L COND	HITION FOR WHICH	OPERATIO			78s AUTO	NOX	IN CERTI	S. WERE FINDING CAUSES	
MEDICAL CERT	216 TIME OF ENJURY 116 TIME OF ENJURY 117 TIME OF ENJURY 116 TIME OF ENJURY 116 TIME OF ENJURY 117 TIME OF ENJURY 116 TIME OF ENJURY 116 TIME OF ENJURY 117 TIME OF ENJURY 116 TIM											
2000	220.1 certify that saw the dece obove, (I) (we 729.5 HOSMATURE 224. PHYSICIAN S	(I) (this hosp ased alive or (Idid) (did to NAME (1991	Pall	leida		DEGRÉE N 22# ADDRE	ATTENDING L	DIRECTOR	D PHYSK	H IAN [ond from the	19/54
73a F	BURIAL CREMATIO		Constitution and		NAME OF C		CREMATORY	734.1OC				2 11 11
123	Burial		8/28/				s Cem.	Balt	imore	. Mar	vland 2	1222

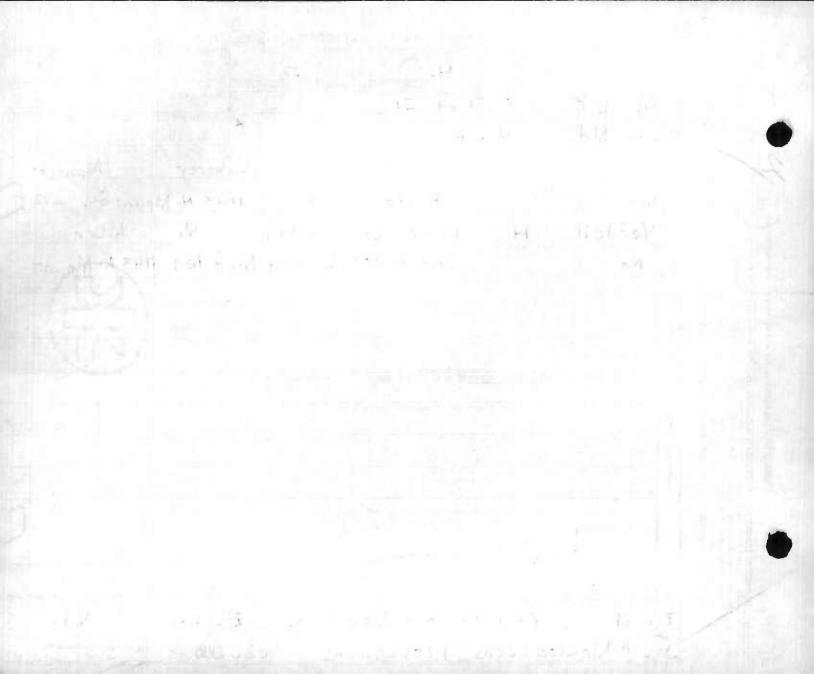
DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR Walter Brooks Bradley Inc. Balto., Md. 21222

42 - 12 - 12 - 12

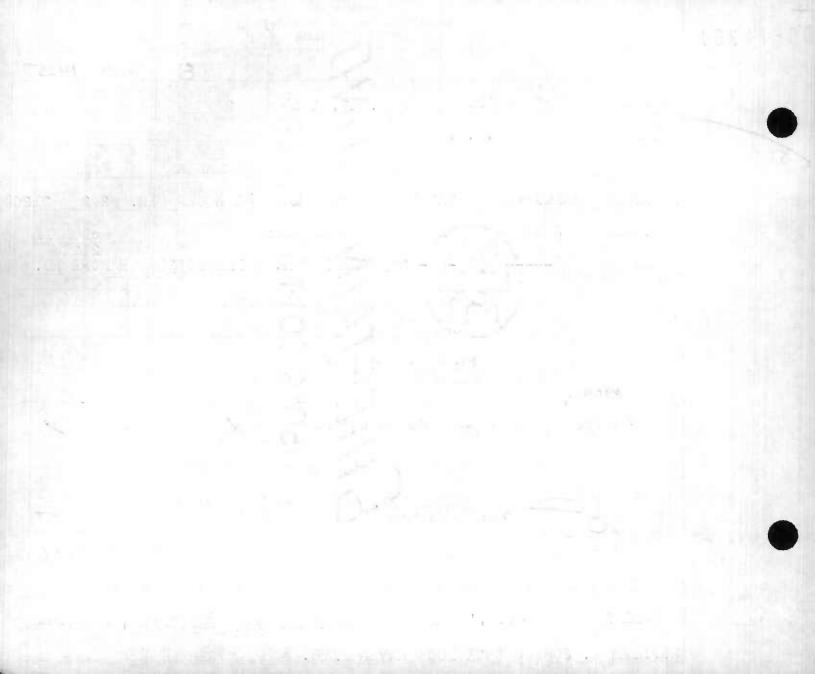
VERSION OF THE PROPERTY OF THE

00	1 100	1.			21	ATE OF M	AKYLAND)	0	0 13	6 1	
00	- 1579	1/1	FOR STATE		EPARTMENT O	FHEALTH	AND MEN	MALHYGIEN	E L	la to	0 1	
		1	REGISTRAR	MED	DICAL EXAMI	NER'S C	ERTIFICA	ATE OF DEA	ATH R	G. NO.		
		1. DE	CEASED NAME FIRST		MIDDLE		LAST		20 DATE KNOW		DAY YEAR	2h HOUR
	man and a second	(17)	E OR PRINT)		4.4	200	ODIZ with	_	OF EST			
	28.88		VERDE		14.	DEN		7.	DEATH MATI	_	16 19 86	1
.1	원등도호흡.	3 SE	4 RACE	5. DATE OF BIRTH	YEAR LAST BIRT			UNDER 24 HRS.	PRONOUNCED	MONTH	DAY YEAR	
9	*2553		MB	8 31	64 21	YRS.	DATS F	HOURS MIN	DEAD	8	16 19 86	10:4°
-	NA X E	70 B	RTHPLACE (STATE OR	76. CITIZEN OF WH		1			9 BALTIMORE			- //
	記載の手が	Do	REIGN COUNTRY)	11 0	A			R MARRIED				
	世会 いきる 一		alto, Ma.	VI. 0,	Η,	WIDOW		DIVORCED		ore City		MD
1	STAN BEST	10. C	TY OR TOWN OF DEATH		PITAL, NURSING HO		ER INSTITUTIO	ON 120 US	UAL OCCUPATIO	(TYPE OF WORK	A OR INDUS	TRY
1	SOM WIND		Baltimore	Universi	ity Hospit	al (ST	U)	ha	borer		Asphal	+
1/	PAGE		AL RESIDENCE (IF IN NURSING HOME O									
8	336.50	13a. S	A A	Υ	Balto		Secret	LIMITS? 13e. STR		A	ST 3	1217
1 50	- 1.03 -	17.5	ATHER'S NAME		Dalle	3				Mount	01.	1211
1	A-SOS	14.	A FIRST & & L	MIDDLE	LAST	C		S MAIDEN NAME	WODIE	A	LAST	
쌢	SS-ST	4	Verdell	H.	Demby,	Jr.	Ed			H.	Len	
Mo Mo	FTER DE PAGES FORM PAGES I ANN		VAS DECEASED EVER IN U.S. ARA	NED FORCES?	166 SOCIAL SECUP		17. INFORMA		A . i AD	DŖESS		
BALTIM	7>+00	1	No	VAR OR DAILS)	217-84-	7200	Mrs. Fo	Ina Mi	Allen	1143 1	N. Man	nT .
	SSOF		IR CAUSE OF DEATH (Enter on)	u ana anus na Ban	(= (=) (b) == d (=))						APPROXIMA	TE INTERVAL
ST.			PART I DEATH WAS CAUSED	DV		nd of	choct	Lungnogi	fied wa	mon)	BETWEEN ONS	SET AND DEATH
NO	A SIE SO E A		IMMEDIAT	chose (a)	unshot wou		Chest	(unspeci	LITEU WE	apon)		-
STC	A TYPE			DUE TO, OR	AS A CONSEQUENC	E OF						
2	REA AN		Conditions, if ony, which gave rise to immediate	(b)								
` ₹	NA NA NA		cause (a) stating the under-	< '	AS A CONSEQUENC	EOF	A271					
2	NA A A A		lying cause lost.								V-150	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.	ULD BE EXECUTED WITHIN 24 HOW "PENDING" IN PENCIL IN ITEM 1 F MEDICAL EXAMINER ALONG ED AS A BURIAL - TRANSIT PERMIT HEALTH AND MENTAL HYGIENE, AL, CREMATION, OR REMOVAL.		PART 2 OTHER SIGNIFICANT CONDITIONS (ONTRIBUTING TO BE ATM	HIT NOT BELATED TO THE T	OMINAL DICCACE	OR CONDITION C	MICH IN BARY 4		-		
OR C	PENDING PENDING PENDING PASABU FALTHAN CREMAT	z	TART I OTHER SHORT CART CONDITIONS	NIATO OF BRIDGISHO	IN ADI RELATED TO THE T	SCASCIO JANIMAE	OK COMBILION 6	SITTN IN PART 1 40				
ŭ	A AS A AS A CRE	CERTIFICATION										
7	CERTIFICATE SHOULD SITING THE WORD "PE E3 SHOULD BE USED. E0 EARTMENT OF HEA D1 PRIORTO BURIAL, O	3	19a. DATE OF OPERATION	196 CONDIT	ION FOR WHICH OP	ERATIONW	AS PERFORME	ED?			20 AUTOPS	13
1	382353	E									YES 🔣	NO 🗌
J.	N N N N N N N N N N N N N N N N N N N	7 8	218 EXTERNAL CAUSE WAS	216 TIME OF		21c. HC	W INJURY O	CCURRED (ENTER	NATURE OF INJURY IN	ITEM 18 PART I OR P.	ART 2)	
Z	SEC SEE		UNDERLYING TOR CONTRIBUTING CAUSE OF E	HOUR ALM	8-16-19	86 St	bject	shot				
Sio	SHO TEN	MEDICAL	214 INJURY OCCURRED	21e PLACE C	F INJURY (AT HOME		CATION	DIIOC.				
Σ	E E E E E	AE	WHILE NOT WHILE X	STREET, FACT	ORY, FARM, ETC.)	5	TREET		CITY OR TOWN		DUNTY	STATE
0	WAR VAR		AT WORK AT WORK	st	reet	1100	blk.	N. Carey	St., B	alto. C	ıty	MD
	PR: T		22a. I certify that I took charge	e of the remains desc	ribed obove, held ar	Autops	X	Inspection .	Inquiry .	ond in my o	IDIDION	
	A DE A			al causes .		Suicide	Homicid		termined monner		pinon	
	EXAMI CERTIFI ULD 8E DIRECT WARYL		deo in resulted from Natur	or couses,	Accident L.,	Suicide []			rermined monner	L.		
	X B B B S S		ACTUAL A A	DAX.			TITLE (SPE	Clfy)		DATE	0 17 6	
	MEDICAL CUTE THE CUTE THE CUTE THE SE 4 SHO FUNERAL ER DEATH TIMORE, 1		SIGNATURE /	24/2		M	D Deput	y Chief	ICAL EXAMINER	SIGN	ED 8-17-8	36
	MO DE S	1	EXAMINER'S NAME 71	M Dirrow	MD		1	111 Donn	Ct Do	1 + 1/1	21201	
	TO MEDICAL EXAMINER: THIS CER: EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR, PAGE 3 SI AFTER DEATH, WITH THE STATE DER BALTIMORE, MARYLAND, 21201 PR	T	(TYPE OR PRINT) Ann	M. DIXON,	M.D.		ADDRESS	L11 Penn	St., Ba.	1.00., M	D 21201	L
	584548_	23a.B	URIAL, CREMATION, REMOVAL 2		23c. NAME OF C			Y 23d LC	CATION		INTY	CYAYE
07/84	BP	下	becify)	8-21-86	King	Nom	Park	12	Sel ta	COL	Md.	STATE
25M		24 E	UNERAL DIRECTOR		1	14 (-11)		o. DATE REC'D. B	REGISTRAR 25	REGISTRAR'S		
	DHMH - 17	1	S. A. MORTON	ADDRESS	1701 L	^	. 6	AUG 20	1986 7	ia Daydon	nighted and	•
	(VR A15 ME (5))	-/(is. M. NIORTON	+ Jons	1011	aure	UZ	400 20	1300			





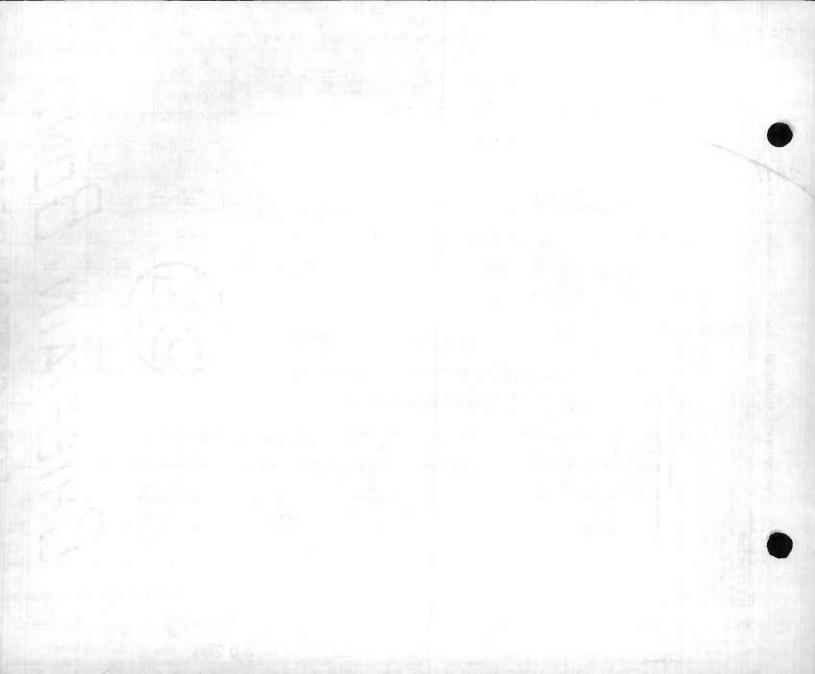
3			STATE OF MARYLAND	0 0	283
00-14381	FOR STATE REGISTRAR	DEPARTM	MENT OF HEALTH AND MENTAL HYP CERTIFICATE OF DEATH	REG. NO.	
m.s	1 DECEASED NAME FI	RST MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
nay be page 3	MARG		DEMPSEY		3 86 1425 11
ter b	3 SEX	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATS HOURS MIN.
- 1	FEMALE	WHITE	FEB. 13, 1914	72 YRS	
	VIRGINIA	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNT	
(3" TH	BALTIMORE	(IF NOT IN SUCH FACILITY, GIVE STREET UNION MEMORI	AL HOSPITAL	120 USUAL OCCUPATION (179E OF WORK FOR MOST OF WORKING LI HOMEMAKER	128. KIND OF BUSINESS OF INDUSTRY HOME
THE STATE OF THE S	JSUAL RESIDENCE IN NURSING IN NUR	COUNTY 136 CITY OR TOWN ALTIMORE 136 CITY OR TOWN 2120	ADMISSION 13d INSIDE CITY LIMITS? YES NO 🛣	136 STREET ADDRESS / ZIP COD 41 ACORN CII	Ř. #202 21204
1030	FATHER'S NAME ISAAC	JOSEPH BOLTO	N MARGARE		McDONELL
Secure of the se	160 WAS DECEASED EVER IN L	VEC CIVE WAR OR DATECT	RITY NO. 17 INFORMANT	ADDRESS	21214
IMORE on ond on one on one on one one one one one on	(IF	+77-07-	8275 CHARLES R.	GEILFUSS5306	TRAMORE RD.
v ST., BAL certificate ing physics rban paper r remaval.	18 CAUSE OF DEATH (E PART I. DEATH WAS IMA		copizating ion	reot	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
e death e attend mave ca traumat	Canditions, if any, wh	ote			
that the by the ease re	cause (a), stating underlying cause	DOL 10, OK AS A CONSEQUE	vetic CA		
DS, 20 quires signed hen pli ta burit		CANT CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GI	VEN IN PART I a
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., NG PHYSICIAN: The law requires that the death certifi attenting physician. After this certificate has been signed by the attending ph st the burial-transit permit. Then please remove carbanp th and Mental Hygiene prior to burial, cremation, or rem and mem 18 shows any injury, or other traumatic eve	190 DATE OF OPERATION 7/30/86	Mahant Pl	OPERATION WAS PERFORMED	200 AUTOPSY? 206 IF YE IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO 101
SICIAN: The ng physicio certificate in certificate in certificate in certificate in the number of th	OR CONTRIBUTION CALLS	E OF DEATH HOUR A.M. MONTH DA	AY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART (ORPART 2)
IVISION JG PHYS ortending ter this ce is the buri hand Mer	UIF EITHER NOTIFY MEDICALE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY	211. LOCATION	CITY OR TOWN	COUNTY STATE
TENDO TOR A TOR A or use of Heal	saw the document above, (I) (we) (did)	s haspital attended the deceased from live an 19 did not view the body after death.	36 , and that in (my) (aur) apinion	death accurred on the date and ha	19_86, that (I) we last ur and from the causes stated
TAL CRIATION AT 1 the hosp AAL DIREC detached detached for the foreign the more than 1.1. If them 1.1.	226 SIGN TOR	iento MOD		MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED 8/3/86
TO HOSPITAL OR retained by the hospital Should be detached with the State Dept IMPORTANT: # then	Scott C). TREROTOLA		ON MEMORIAL HO	SPITAL
BP	BURIAL 15 BURIAL	AUG. 7, 86 NET		23d LOCATION CITY OF TOWN ETERY BALTIMOF	
DHMH - 16 60M 7/84	24 FUNERAL DIRECTOR	ADDRESS		E REC D. BY REGISTRAR 256 REGIS	TRAR'S SIGNATURE
(VRA 15, 4)	WILLIAM E.	JOHNSON8521 LOCH	RAVEN BLVD AU	5 1986	



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO DECEASED NAME TO DATE KNOWN X 2h HOUR (TYPE OR PRINT) ESTI-LITERAL DIRECTOR.

FOR YOUR FILES.

ITHIN 72 HOURS
PRESTON STREET, DEATH MATED T. Denny, Jr. 8 23 186 James 4. RACE & AGE (IN YEARS IF UNDER 1 YR. 5. DATE OF BIRTH 2c. DATE 2d HOUR YEAR LAST BIRTHDAY 8:31A PRONOUNCED 5 1928 58 DEAD 16 Male White 186 Th. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH 7a BIRTHPLACE (STATE OF MARRIED NEVER MARRIED FOREIGN COUNTRY) Baltimore City North Carolina U.S.A. WIDOWED [DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) Clerk 7-11 Baltimore Francis Scott Key Medical Center USUAL RESIDENCE (IF IN NUMBER H OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 13c CITY OR TOWN 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? 2925 Cornwall Road Baltimore Dundalk 21222 Maryland NO X 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE MIDDLE FIRST T. Denny, Sr. Mae Hege James Owna EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN 1TEM 18. GIVE PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FOR THE CHIEF WELL THEN ALONG WITH FOR THE UNBEAL DIRECTOR; PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. PAGES AFTER DEATH WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DOWSION BARTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 245-34-7649 WW II-Korea Yes Mary C. Denny Same as 13e APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c),) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION Pulmonary emphysema 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO X 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK Inspection X 22a, I certify that I took charge all the remains described above, held an Autopsy and in my opinion death resulted from: Homicide Undetermined monner TITLE (SPECIFY) ACTUAL 8/23/86 Assistant SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME ADDRESS 111 Penn St. Charles P. Kokes, M.D. Balto.MD. (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE 8/26/1986 Holly Hill White Marsh Burial Maryland 07/84 25M 24 FUNERAL DIRECTOR Duda-Ruck, Inc. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** relia Davidson Bondalle (VR A15 ME (5)) Dundalk, Maryland 21222 7922 Wise Avenue



E. Fort

Funeral Home 13

DHMH - 16 60M 7/B4

(VRA 15, 4)

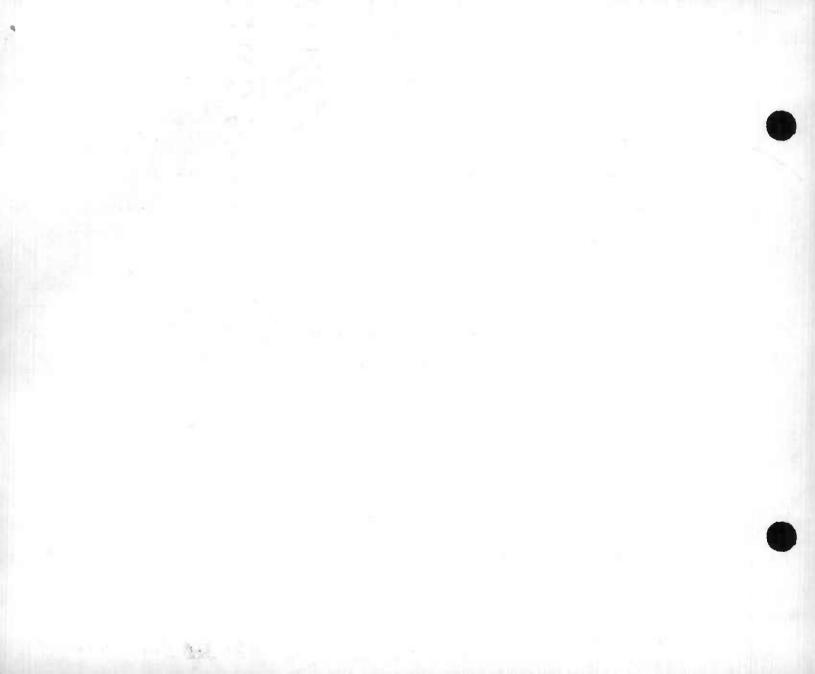
STATE OF SECTION OF THE SECTION OF T

The second of th

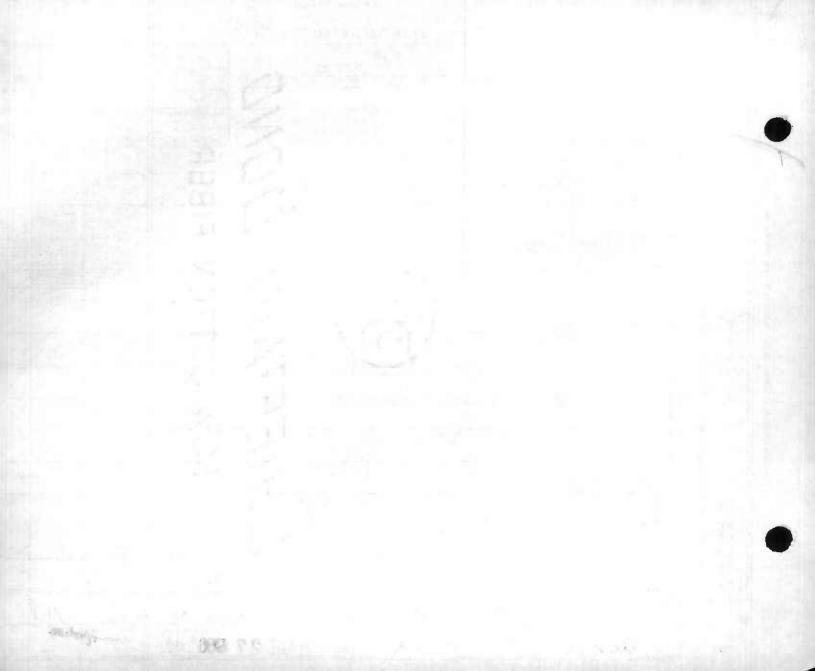
	1			STATE OF MARYLAND			
16247	1.	FOR STATE REGISTRAR	DE	PARTMENT OF HEALTH AND MENT CERTIFICATE OF DEAT	H 0 0	2 2 2 6	1
oy be oge 3 death		CEASED NAME FIRST	16 J	DIGGS	AUG		6 PM
ctor, po	3. SE	* Male	Black Black	9/3	1EAR AGE (IN YEARS LAST	3 YRS. MONTHS DAYS	
1/7/		S.C	US A	MARRIED NEVER MARR	Balt	more CI	ty MD
23	12	altimore AL DESIDENCE HENDESING HOME OR	VANC 6	14670, MO 212,		STOF WORKING LIFE) INDUSTRY	
A STATE OF THE STA		AL RESIDENCE (IF NURSING HOME OR OF ATTER HER S NAME	TY Baciliyo	TOWN 134 INSIDE CITY LIL YES NO 15. MOTHER'S MAI	D 350/	Fair View	Ave Ave
	1		AED FORCES? 166. SOCIA	595 Salla SECURITY NO. 17 INFORMANT	MIDDLE	Lä DRESS	ne
e brane cro I and ers. Pope I.		Yes	WAR OR DATES) 248-	28-7339 Cleme	ntine Digg	5239 St	Charles K
certificate ng physic banpape removal.		18 CAUSE OF DEATH (Enter online PART I. DEATH WAS CAUSED IMMEDIATE	BY: CARN	SPUMONATY ATUR	est		MINS C
e death mave cor notion, or troumat		Conditions, if any, which gave rise to immediate	DUE TO, OR AS A CON			21	uks.,
ed by the		cause (a), stating the underlying cause last	DUE TO, OR AS A CON	THE CARCINOMA			
een sign it. Then ior to bu	ATION	190 DATE OF OPERATION		NG TO DEATH BUT NOT RELATED TO T		20b. IF YES, WERE FIND	1921:19
he lo on. hos per ene p	CERTIFICATION	210, ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c HOW INJURY	YES NO	IN CERTIFYING CAUSE YES	S OF DEATH?
HYSICIAN: T ding physici nis certificate buriol-transi Mental Hygi or Hem 18 sh	MEDICAL O	OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED	HOUR A.M. MONT P.M. 21s PLACE OF INJURY	TH DAY YEAR 19 711 LOCATION			
After the e as the introduction of the order of the introduction o	WE	WHILE NOT WHILE AT WORK 22a.1 certify that (1) (this haspite	(AT HOME, STREET, FACTORY,		CITYO	R TOWN COUNTY	STATE
hospital IRECTOR: hed for us ept. of Her them 21 is is		saw the deceased live an	view the body after death	19 86 and that in my (aur)	opinian death accurred on the		that (1) (we) last e couses stated E SIGNED
0 0 0 0 0 0		224 PHYSICIAN'S NAME ITYPE OR	PRINT)	ATTEN	IDING MEDICAL SICIAN DIRECTOR PHY	TAFF > -	23/86
TO HOSPITAL retained by th TO FUNERAL should be detained by the Manual the State IMPORTANT: H	730	KENT K	ESTER 1236 DATE		RAVEN VA	MC	
BP		(SPECIFY) Burial	8/29/86	Garrison Forest	Vet Owings		Md
DHMH - 16 60M 7/B4 (VRA 15, 4)		uneral director rchamfuneral Home	e West 4300 %	läbash Avenue	AUG 2 0 198		TURE

MING - CESUA SOOK DAIN PRETION AND PROPERTY. X - FX

KINT NATIFE LOOP SWANG



	1					STA	E OF M	ARYLAN	ID			-10	,	7.1
	11-				DEPART	MENT OF	HEALTH	AND ME	ENTALH	YGIEN	E 2	2 2	5 4	9
16410				MI	DICAL	EXAMIN	ER'S C	ERTIFIC	CATEO	F DEA	TH REC	NO		
10413	1 DE	CEASED NAME	FIRST		WIDDLE		3 X	LAST			To DATE KNOW		DAY YEAR	26 HOUR
T SS SE	1	2 011 111,017	Dinect				D	ixon			DEATH MATE	K 8	19 10 86	
ACE SE	3 SEX	(4. RAC		5 DATE OF BIRTH	1	16. AGE (IN YEA			IF UNDER	24 HRS		0	DAY YEAR	2d HOUR
STE			9	MONTH DAY	YEAR	LAST BIRTHDA			HOURS		PRONOUNCED			
5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	M		В			7	S.					8		13:15
AN THE	70 B	RTHPLACE (STATE OR		76. CITIZEN OF V	VHAT COUN	TRY?	MARRIE	ED NEV	ER MARRI	ED 🗆	BALTIMORE CI	TY OR COUN	ITY OF DEATH	
BENEZA.	S	.C.		U.S.	Α.		WIDOW	ED 😾	DIVORC	ED 🗆	Baltimo	re Cit	V	MD.
A HANDE			ATH	II. NAME OF HO	SPITAL, NU	RSING HOME	OR OTH	ER INSTITUT	NOIT		IAL OCCUPATION	(TYPE OF WORK	126 KIND OF B	USINESS
ALAE A	B	altimore	N. Vil	2/3 N			+						OR INDUS	rry
NO NO TO			IRSING HOME OR			BEFORE ADMISSIO	INI		-	La	oorer		~ 1 - 2 - 2	ži.
SEAS A	13a. S	TATE						134 INSIDE CI	TY LIMITS?	13e STRE	EET ADDRESS	/	11.5	
S & R & R	Ma	aryland			Ba	ltimore		YES T	NO 🗌	243	R North S	hring	Court	
H. 3.2.	14, F/			MIDDLE		LACY		15. MOTHE	R'S MAIDE	NAME				
AS SES	1			MIDDLE		CASI					Middle		(ASI	
205.40 -	16a. \	VAS DECEASED EVER			16b. SO	CIAL SECURITY	NQ.	17. INFORM	TAANT		ADDI	RESS		
E P SS S			(IF YES, GIVE W	AR OR DATES)										J.07503
PACHE								Cleo	la Pa	rks 5	0 Carrol	1 Stre		
NOUN TANK		PART I DEATH W	TH (Enter only										APPROXIMA BETWEEN ONS	TE INTERVAL ET AND DEATH
A ERA				A	rteric	osclero	tic c	cardic	vascu	ılar	disease			
NA PACO				DUE TO, O	R AS A CO	NSEQUENCE C)F							
ENS NS				(6)							17 6 63			
N N N N N N N N N N N N N N N N N N N				DUETO	RASACOI	SEQUENCE C)E							
SA A SA		lying couse last				TOT OF O'ELLOCK							100	
5 3 5 5 5				(c)										
WA A B CAN	7	PART 2 UTHER SIGNIFICAL	II CONDITIONS CO	ONTRIBUTING TO GEAT	N BUT NOT REL	ATEO TO THE TERM	NAL DISEASE	OR CONDITION	GIVEN IN PAI	RT 1 (a).				
- CREASEN	1 5													
A HORE	13	196 DATE OF OPER	ATION	196. COND	ITION FOR	WHICH OPER	ATION W	AS PERFOR!	MED?				20 AUTOPSY	.5
X8225	十三												YES 🗆	NOX
NA BUNG	1 %						21c. HO	W INJURY	OCCURRE	D (ENTER N	TURE OF INJURY IN ITE	M 18 PART 1 OR P	ART 2]	
A H L D K A														
SHO TO TO	8						216 100	ATION						
S S S S S S S S S S S S S S S S S S S	WE	WHILE NOT	WHILE T								CITY OR TOWN	C	OUNTY	STATE
WAR WAR		AT WORK AT V	ORK							100				
D, 30		229 Legitly that	I took cheirae	of the remains de	escribed obe	we held on	Autops	· 🗆	Inspection	X	Inquiry	and in my c	DIDIO.	
A DE LE LA		The state of the s	1	IVV	1								pinion	
AN SEE SE		dediti resolited troil	NOIDIG	TOUSES ES	///	, 301	cide [],			Undere	erminea manner L			
₹ 2 2 2 2 8		ACTUAL /	11,0	1 1	SALL	~				140		DATE		
SESE S	+	SIGNATURE	mo	1.7	1/1			D. ASS	sista	ntmedi	CAL EXAMINER	SIGN	ED_8/23/8	36
DE 4 NOS	-	EXAMINER'S NAME	Che	arlag D	Koko	O M D		7	ם דרו		1	D-74-	1.00	
MAN SERVE		(TYPE OR PRINT)	0110	artes y.	Vove	S, M.D.	/	ADDRESS	LLL P	enn S	Dr.	Balto.	MD.	
525548	23 B	URIA), CREMATION,	REMOVAL 23	DATE /	23€.		ETERY OF	CREMATO	RY	23d. LO	CATION	1	INTY	1
RP			8	12186	(Edon	Hi	11		And	Le Anu			C
	24. F	UNERAL DIRECTOR	10	1 1				12	Sa. DATE F					7
	W	n.C. March	F/H In	C 1107	Fort	Nonth	710	_	ALIC	971	DOS WALL	f.gest	Marken	;
(AU VIS HE (S))			- / 11 111		rab t	MOLUII F	venu	e	HUU	21	300 /			
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS LECESSARY, PLEASE SECURITY OF THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN 1TEM 18. GIVE PAGES 1, 2, AND 3 TO THE LINERAL DIRECTOR. PAGE SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE SHOULD BE FILED. WITHIN 72 HOURS SET TO THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIERE, DIVISION OF WHAT RECORDS, 201 W-RREET). SOLID MENTAL WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIERE, DIVISION OF WHAT RECORDS, 201 W-RREET). COLUMN THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIERE, DIVISION OF WHAT RECORDS, 201 W-RREET). COLUMN THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIERE, DIVISION OF WHAT RECORDS, 201 W-RREET). COLUMN THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIERE, DIVISION OF WHAT RECORDS, 201 W-RREET). COLUMN THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIERE, DIVISION OF WHAT RECORDS, 201 W-RREET).	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS CESSARY, PLEASE DECUTE THE CERTIFICATE, WRITING THE WORD "PRUDING" IN PENCIL IN TEM 18. GIVE PAGES 1, 2, AND 3 TO THE INFERAL DIRECTOR. PAGE SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE. FOR YOUR FILES. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAN. TRANSIT PREMIT. PAGES 1 AND 2 SHOULD BE FILED. WITHIN 72 HOURS AFFIER WITHIN 72 HOURS AFFIER WITHIN 72 HOURS AFFIER WITHIN 72 HOURS AFFIER. MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. MEDICAL CERTIFICATION	DECEASED NAME (INTERNIEW AND DELAY I DECEASED NAME (IN	Dinest Dinest	DINEST REGISTRAR I DECEASED NAME I DE	MEDICAL REGISTRAR REGISTRAR I DECEASED NAME I SOME NAME NOT NAME I DECEASED NAME I DE	DEPARTMENT OF FREGUSTRAR REGISTRAR REGISTR	FOR REGISTARY MEDICAL EXAMINER'S CONTROLL OF PREAD AND PRODUCE TO THE REGISTARY PRODUCE TO THE REGISTARY REGISTARY PRODUCE TO THE REGISTARY PRODUC	FOR DEPARTMENT OF HEALTH AND MINE REGISTAR REGISTAR REGISTAR MEDICAL EXAMINER'S CERTIFIC LAST Dixon Dixon	DEPARTMENT OF HEALTH AND MENTAL MEDICAL EXAMINER'S CERTIFICATE OF DETAIL AND MENTAL MEDICAL EXAMINER'S CERTIFICATE OF DETAIL DECEASED NAME [183]	DEPARTMENT OF HEALTH AND MENTAL HYGIEN MEDICAL EXAMINER'S CERTIFICATE OF DEA Dixon Medical Examiner's Pully	DEPARTMENT OF HEALTH AND MENTAL HYGINE REGISTRAR DECASED NAME (1000 A MAN) SEX SEACE S. CATE OF BIRTH MADE LAST DIXON MARKED LAST MARKED	DEPARTMENT OF HEALTH AND MENTAL NYGENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH DITOR DITOR	Company Continue Continue



(VRA 15, 4)

STATE OF MARYLAND

· E:// Es/, insection of the contract of the c das de se la companya de la companya Service Committee Committe Jacks T. Labor Continue, 1829 Carlone, 19.

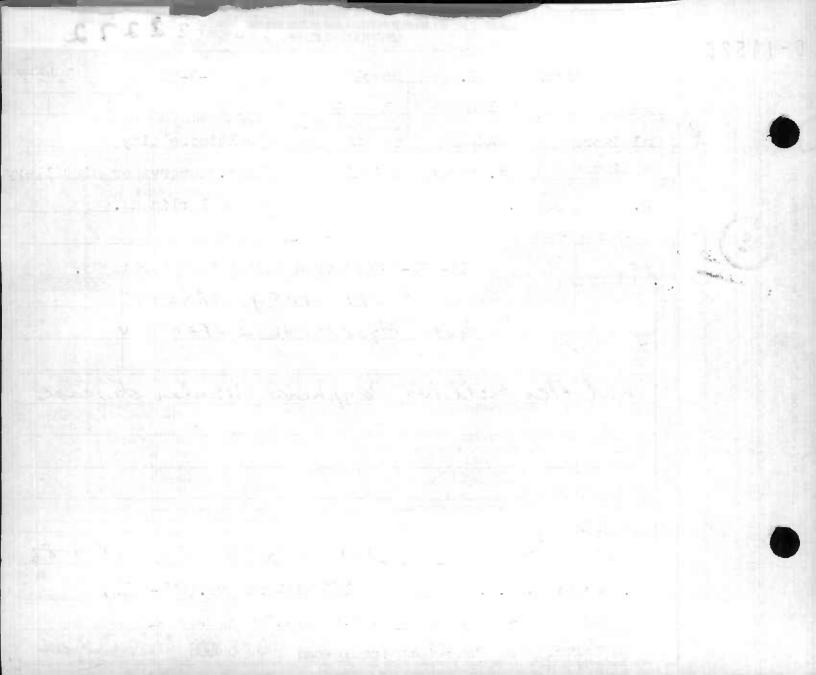
BP.

DHMH - 16 60M 7/8 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 💍

0	-	REGISTRAR			CERTIFICAT	TE OF DEA	ATH		REG. NO.				
		CEASED NAME FIRST	MK	CICLE	IAST			2a DATE O		TH DAY	YEAR	2b HOUR	
	(TYPE	ORPRINT) MARY	(L	_ 1	SOULI	ITTLI	ε		8	13	86	1150	M
	3 SE)		4 RACE		5. DATE OF BIR	TH	YEAR	AGE IN	YEARS LAST BIRTHDA	Y) IF U	NDER I YEAR	HOURS M	AIN.
		temale	wh	ire	9	5	06	79	233	YRS			
_		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF W	HAT COUNTRY?	MARRIED -	NEVER MAR	RRIED -	BALTIMO	RE CITY OR C	DUNTY OF	DEATH		10
d		Ohio	0.5		WIDOWED V	DIVO	RCED 🗌	Ba	ltimor	e C	ity	15.0	MD.
100	Ja-CI	TY OR TOWN OF DEATH		OSPITAL, NURSING		HER INSTITU			OCCUPATION RK FOR MOST OF WO		12b. KIND OI	F BUSINESS	OR
7		Saltimore	Good !	Samari	ran 14	IOSPI	tal	Re	tired-	MVA			
0	13a. S	AL RESIDENCE (IF NURSING HOME TATE 134 CO	UNTY	36 CITY OR TOWN		INSIDE CITY	LIMITS?		ADDRESS / ZII				
5			alto.	MiddleR			○ * *		lider	Drive	212	20	
2	14 FA	THER'S NAME	WIDGIE	LAST	15 %	AOTHER'S M	AIDEN NAM		MIDDLE		LAS	P	
$\geq C$	1	Harley VAS DECEASED EVER IN U.S. A	nuen concess I	Baker 6b SOCIAL SECURI	17 10 13 11	Clas	ra	Mad	ADDRESS		Brak	e	
7		(IF YES, C	GIVE WAR OR DATES)				1 .	7		0.7			
		no		178-05-		Richar	ra Do	OLIT	tle RT	. 2BO			
		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUS		ne far (a), (b), and	at-ale		1001 F				BETWEEN	MATE INTERVAL	ATH
	13	IMMEDI	ATE CAUSE (a)	Lespin	arom	5	Trest						_
		Conditions if now which	DUE TO, OR	AS A CONSEQUEN		ada.	mo						
	13	Canditions, if any, which gave rise to immediate cause (a), stating the	(b)	rulmon		ene	7000						
	Ċ	underlying cause last.	DUE TO, OR	CON OUL	ICE OF	onct	Lait	leur e					
Н		PART 2 OTHER SIGNIFICAN	CONDITIONS CON	NTRIBUTING TO DE	ATH BUT NOT	RELATEDIO	THE TERMIN	VAL DISEAS	E OR CONDITI	ON GIVEN	IN PART 110		
	ON	Metastatic	breaut	CA, C	LVA,	mali	nutriti	ion	and 1	WOO	albu	minen	n'a
7	CERTIFICAT	190 DATE OF OPERATION	196 CONDITI	ION FOR WHICH O	PERATION WA	AS PERFORM	ED	20a AUT			ERE FINDING CAUSES	GS USED	
L	RTIF				200			YES 🗌	ног	YES [NO [
3		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF		INJURY . MONTH DAY	YEAR 21c	IULNI WOH	RY OCCURRE	D (ENTERN	ATURE OF INJURY IN	ITEM TE PART	OR PART 2)		
1	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN	JER) P.M.		19								
	MED	21d INJURY OCCURRED	21e PLACE OF	F INJURY ET, FACTORY, OFFICE FAR		LOCATION			CITY OR TOWN		COUNTY	STAT	E
		AT WORK AT WORK		1	7/16		10 86		2/13	10	86		_
		22a I certify that (I) (this has saw the deceased alive of	on 1145	m 3/1319 8	6 and the	it in (my) (au	1/	, ta eath accurr	ed on the date of	and have an		that (I) (we) causes state	
		abave, (1) (we) (did) (did i	nat) view the bady a	ter death	DEGR					-	22c. DATE		-
		K	rauc	2		ATTE	ENDING	MEDICAL	STAFF PHYSICIAN	M	8/1	14/8	6
1		224 PHYSICIAN'S NAME (TYPE)	22e	ADDRESS	10		-1-	11	. 1	1	
		Rabi 1	awil			6000	Sa	max	ilau	110.	Spira	al	
T		SPECIFY)	AL 23b. DATE	23c NA	AME OF CEMET	ERY OR CRE	MATORY	23d LOC	ATION	c	OUNTY	STAT	
		Burial	8/16/	86 Ga	rdens	of Fa		Ro	ssvill				d.
	mi	JNERAL DIRECTOR		ACICIRESS			250 DATE	REC'D. BY	1000	REGISTRA	Y'S SIGNAL	andere.	
	0	Ommo 1 1 Th	7 **	20016	7	7007	53.9.24	7 7	INCO I	0 " 734 (mark)	-		

rica member " disting of a wife or a something The state of the same Control was delivered Whenever the south the cost for home files as found intrinder



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGENE

22273

	1 -	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG	ENE 6 REG. N	2 2	27	3				
		CEASED NAME FIRST	٨	AIDDLE	L	AST	20 DATE OF DEATH	MONTH DA	AY YEAR	26 HOUR				
	11110	Jack				DOYLE	August	29. 198	36	6:00AM				
F	1. SE)	X.	4 RACE		5. DATE C		6. AGE IN YEARS LAST BI		FUNDER I YEAR	IF UNDER 24 HRS				
1	M	ale	Caucas	sian	12	14 1909	76	YRS	0.4113	NOUNS MIN.				
1	7a BI	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIEI	NEVER MARRIED X	9 BALTIMORE CITY O	OR COUNTY	OF DEATH					
/		llinois	USA		WIDOWE	D DIVORCED	Baltim			MD.				
1	1	TY OR TOWN OF DEATH	(IF NOT IN SUCI	HOSPITAL, NURSIN HEACILITY, GIVE STREET / Yland Gen	ADDRESS)	ROTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Accountant							
	13a S	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION		ADMISSION)	134 INSIDE CITY LIMITS? YES X NO	13. STREET ADDRESS	pt cope	111 yal A	21217 ve.				
48	_		MIDDLE	Doyle		Helen	McSweeney							
1		VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT Hel	lertown DDR	PA 1	8055					
	- 1	NO (IF YES, GI	FE WAR ON DATES	271-20-	9090	Pam Doyle	Varkony F	t 1 B	ox a	265				
1		CAUSE OF DEATH Enter or PART I. DEATH WAS CAUSE	nly one cause per D BY	line far (a), (b), one	d rev.				APPROX BETWEEN	IMATE INTERVAL ONSET AND DEATH				
1		IMMEDIA	TE CAUSE (a)	Severe	Cache	xla								
1		Conditions, if any, which	DUE TO, OF	R AS A CONSEQUE		ignancy of th	o noole ma	ac mich		14,6				
-1		gave rise to immediate	(b)	(b) Probable malignancy of the neck, mass right side. Due to, or as a consequence of										
- 1		cause (a), stating the	DUE TO, OF	R AS A CONSEQUE	NCE OF									
1		cause (a), stating the underlying couse last.	DUE TO, OF	r as a conseque	NCE OF									
	NO		(c)	ONTRIBUTING TO D	DEATH BUT		inal Disease or con	IDITION GIVE	N IN PART 1	a				
2	ATION	underlying couse last.	(c)CONDITIONS <u>CC</u>	ONTRIBUTING TO D	DEATH BUT		NAL DISEASE OR CON	20b IF YES,	WERE FINDI	NGS USED				
7	THICATION	PART 2 OTHER SIGNIFICANT	(c)CONDITIONS <u>CC</u>	ONTRIBUTING TO D	DEATH BUT	etion	20m AUTOPSY?	20b IF YES,	WERE FINDING CAUSES	NGS USED				
210	CERTIFICATION	PART 2 OTHER SIGNIFICANT IN DATE OF OPERATION 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	(c)	VOlume TION FOR WHICH	DEATH BUT e depl OPERATION	etion	20a AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDIF	NGS USED OF DEATH?				
29	NOVIIII	PART 2 OTHER SIGNIFICANT	196 CONDITIONS CO	NTRIBUTING TO DE VOLUME VOLUME TION FOR WHICH FINJURY M. MONTH DA	DEATH BUT P depl OPERATION	etion N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDIF	NGS USED OF DEATH?				
79	MEDICAL CERTIFICATION	UNDERLYING COUSE last. PART 2 OTHER SIGNIFICANT II 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	196 CONDITIONS CO	ONTRIBUTING TO DE VOLUME VOLUME TION FOR WHICH FINJURY M. MONTH DAM M.	OEATH BUT OPERATION AY YEAR 19	etion N WAS PERFORMED	20a AUTOPSY?	206 IF YES, IN CERTIFY YES	WERE FINDIF	NGS USED OF DEATH?				
29	NOVIIII	Underlying couse last. PART 2 OTHER SIGNIFICANT IN THE PART IN TH	196 CONDITIONS CO	VOLUME TION FOR WHICH FINJURY M. MONTH DA M. OF INJURY BET, FACTORY, OFFICE, FACTORY, OFFICE, FACTORY	DEATH BUT P depl OPERATION AY YEAR 19 ARM ETC.)	etion N WAS PERFORMED 21c HOW INJURY OCCURR 211 LOCATION STREET 228 , 19 86	200 AUTOPSY? YES NOTE TO THE PROPERTY OF INJUINATION TO AUGUST TO AUGUST	20b IF YES, IN CERTIFY YES PARY IN HEM 18 PAR	WERE FINDING CAUSES RET I OR PART 2) COUNTY	NGS USED OF DEATH? NO STATE				
29	NOVIIII	Underlying couse last. PART 2 OTHER SIGNIFICANT I 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 220 I certify that (X (this hasp saw the deceased alive an above, well take process.)	21b. TIME OF HOUR A.M. 21e. PLACE ((AT HOME, STR. (tot)) attended the	VOlume Volume TION FOR WHICH FINJURY M. MONTH DA M. DF INJURY EET, FACTORY, OFFICE, FA	DEATH BUT depl OPERATION AY YEAR 19 ARM ETC) Augus 86. on	211. HOW INJURY OCCURR 211. LOCATION STREET 28 19 86 d that in (mg) (aur) opinion of	200 AUTOPSY? YES NOTE TO THE PROPERTY OF INJUINATION TO AUGUST TO AUGUST	20b IF YES, IN CERTIFY YES PARY IN HEM 18 PAR	WERE FINDING CAUSES RET I OR PART 2) COUNTY	NGS USED OF DEATH? NO STATE				
27	NOVIIII	Underlying couse last. PART 2 OTHER SIGNIFICANT II 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE (IF ETHER NOTIFY MEDICAL EXAMINE AT WORK NOTIFY WORK AT WORK SOW the deceased alive or sow the d	21b. TIME OF HOUR A.M. 21e. PLACE ((AT HOME, STR. (tot)) attended the	VOlume Volume TION FOR WHICH FINJURY M. MONTH DA M. DF INJURY EET, FACTORY, OFFICE, FA	DEATH BUT depl OPERATION AY YEAR 19 ARM ETC) Augus 86. on	etion N WAS PERFORMED 21c HOW INJURY OCCURR 211 LOCATION STREET 228 , 19 86	200 AUTOPSY? YES NOTE TO THE PROPERTY OF INJUINATION TO AUGUST TO AUGUST	20b IF YES, IN CERTIFY YES NO UNITED IS PARTIES AND INTERNAL INTERNAL IS PARTIES AND INTERNAL INTER	WERE FINDING CAUSES RET I OR PART 2) COUNTY	NGS USED OF DEATH? NO STATE				
27	NOVIIII	Underlying couse last. PART 2 OTHER SIGNIFICANT IN THE PART 2 OTHER 2	196 CONDITIONS CO	VOLUME TION FOR WHICH FINJURY M. MONTH DA M. DF INJURY EET, FACTORY, OFFICE, F, e deceosed from St 29 19 alter, death.	DEATH BUT depl OPERATION AY YEAR 19 ARM ETC) Augus 86. on	etion N WAS PERFORMED 21c. HOW INJURY OCCURR 21l LOCATION STREET 22 19 86 d that in (mx) (aur) opinion of DEGREE ATTENDING	ED (ENTER NATURE OF INJUICATIVE OR TO August death occurred an the d	20b IF YES, IN CERTIFY YES NO UNITED IS PARTIES AND INTERNAL INTERNAL IS PARTIES AND INTERNAL INTER	WERE FINDING CAUSES RET I OR PART 2) COUNTY	NGS USED OF DEATH? NO STATE				
29	MEDICAL	Underlying couse last. PART 2 OTHER SIGNIFICANT IN THE PART 2 OTHER 2	21b. TIME O HOUR A./ P./ 21b PLACE (AT HOME, STR 21 view the body	VOlume Volume TION FOR WHICH FINJURY M. MONTH DA M. OF INJURY EET, FACTORY, OFFICE, FA alter, death.	DEATH BUT P. depl OPERATION AY YEAR 19 ARM ETC.) Augus 86. or	etion N WAS PERFORMED 21c. HOW INJURY OCCURR 21l. LOCATION STREET 22e ADDRESS C/O Marie	Z00 AUTOPSY? YES NOTE TO SET	20b IF YES, IN CERTIFY YES DWN 29 1 late ond hour	WERE FINDING CAUSES COUNTY 9.86 and from the	NGS USED OF DEATH? NO STATE				
29	WEDICAL 230 B	Underlying couse last. PART 2 OTHER SIGNIFICANT IN 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE AT WORK NOTIFY MEDICAL EXAMINE NOTIFY MEDICAL EXAMINED NOTIFY MEDICAL E	21b. TIME OD HOUR A.I. 21b. TIME OD HOUR A.I. 21c. PLACE (AT HOME, STR. 21d. PLACE (AT HOME, STR.	VOlume Volume TION FOR WHICH FINJURY M. MONTH DA M. OF INJURY EET, FACTORY, OFFICE, FA alter, death.	DEATH BUT P. depl OPERATION AY YEAR 19 ARM ETC.) NAME OF C	211. HOW INJURY OCCURR 211. LOCATION STREET 211. LOCATION STREET 212. 19 86. d that in (mg/) (aur) opinion of physician physician [22e Address] 22e Address C/O Marie	Z00 AUTOPSY? YES NOW CITY OR TO AUGUST death occurred on the d DIRECTOR PHYSI 23d LOCATION 13d LOCATION 13d LOCATION 13d LOCATION	20b IF YES, IN CERTIFY YES OWN 29 I ote ond hour FF CIAN THE STATE OF THE STATE	WERE FINDING CAUSES COUNTY 9.86 and from the	NGS USED OF DEATH? NO STATE that (we) last couses stoted				
	MEDICAL MEDICAL	Underlying couse last. PART 2 OTHER SIGNIFICANT IN THE PART 2 OTHER 2	21b. TIME O HOUR A./ P./ 21b PLACE (AT HOME, STR 21 view the body	VOlume Volume TION FOR WHICH FINJURY M. MONTH DA M. OF INJURY EET, FACTORY, OFFICE, FA alter, death.	DEATH BUT P. depl OPERATION AY YEAR 19 ARM ETC.) NAME OF C	211. HOW INJURY OCCURR 211. LOCATION 211. LOCATION 211. LOCATION 212. 19 86. d that in (mx) (aur) opinion of physician of physicia	200 AUTOPSY? YES NOTE NOTE CITY OR TO CITY OR TO AUGUST death occurred an the d MEDICAL STA DIRECTOR PHYSI Uland Gener 1334 LOCATION	20b IF YES, IN CERTIFY YES DWN 29 1 late and hour EFF CIAN DOTE B	COUNTY 9.86 and from the	NGS USED OF DEATH? NO STATE that & (we) lost couses stoted				

DHMH - 16 60M 7/B4 (VRA 15, 4)



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIEN 1 - STATE CERTIFICATE OF DEATH REGISTRAR Ardrev E. Drexler REG. NO 20. DATE OF DEATH I. DECEASED NAME LTYPE OR PRINTS ROREY 86 DREXLER 3. SEX 4 RACE & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR YEAR WHITE Female 71 15 BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED BALTIMORE CITY MARYLAND DIVORCED WIDOWED I CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR INDUSTRY BALTIMORE South Baltimore Assembly Line Factory USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 1186 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE RALTIMORE MARYLAND A.A. NO X 206 West Meadow 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE MIDDLE WHITE MAURICE MAKY HAMPTON **ADDRESS** 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT IYES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 215-05-8171 Charles F. Drexler 206 W Meadow Rd. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), I PART I. DEATH WAS CAUSED BY. 1013 Cardiac IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF cancer of the ovary Metastatic Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS. IFICATION 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF NO [YES [716. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) 21a. ACCIDENT WAS UNDERLYING 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 211. LOCATION 71e. PLACE OF INJURY ŏ CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 8 19 22a.1 certify that (1) (this hospital) attended the deceased from sow the deceosed olive on. and that in (my) (our) apinion death accurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body ofter death 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL MD DIRECTOR PHYSICIAN FUNERAL PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS Pimentel R. Benjamin 230 BURIAL CREMATION REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) 8/16/86 Holy Cross Cemetery Brooklyn Md. Burial 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Balto. DHMH - 16 60M 7/B4 Gonce 4001 Ritchie Hgwy (VRA 15, 4)

-0.0 Elative A Paris de la Village The second secon The second of th The state of the s The Company of the Lorentz and the late of the late of Make a series and a contract of the series o The Carry of Market a Land. The water water a 100- pence. C. Synes.

1							MARYLAND				, .	
00.1001	11.	FOR			EPARTMENT OF			YHALHY	GIENE 2 2	de-	1 2	
00-1094	6	REGISTRAR		WED	ICAL EXAMI	NER'S	CERTIFICA	ATEOF	DEATH REG. N	0.	4	
		ECEASED NAME	FIRST		MIDDLE		LAST		26. DATE KNOWN	HINOM	DAY YEAR	26 HOUR
25 55 55 F.		OK PRIITI)	WIL	LIAM Kenn	eth D	REYE			OF ESTI-	0_20.	-86 ¹⁹	
A CHEST	3 SE	Х	4 RACE	5 DATE OF BIRTH				UNDER 24		MONTH	DAY YEAR	2d HOUR
N STATE	M	ale	White	Dec. 27,	1929 56	YRS MON	THS DAYS	HOURS M	PRONOUNCED DEAD	8-29-	-86	1:25P
SANOR	A 100	BIRTHPLACE (ST	ATE OR	76 CITIZEN OF WH			Y-		9. BALTIMORE CITY O		1.7	Tw
CREASE CES	1	Marylan	4	US.		WIDO	RIED TO NEVE	R MARRIED DIVORCED		71 +37		
NEGESSARY, PLEASE FUNERAL DIRECTOR. 5 FOR YOUR FILES. WITHIN 72 HOURS PRESION STREET,	- 1	ITY OR TOWN			PITAL, NURSING HOA				a USUAL OCCUPATION (TYPE		12b. KIND OF BE	MD.
	6			(IF NOT IN SUCH FAC	ILITY, GIVE STREET ADDRESS		ILK II VSTITOTIC		FOR MOST OF WORKING LIFE) Painter	L OF WORK	OR INDUST	TRY
A SERVICE OF THE SERV	-	Baltim		Sinai H					Painter		Constru	iction
S SEASON	F lls.	STATE Maryland	1 ISH COUL	OR OTHER INSTITUTION, GIV	136 CITY OR TOWN Baltimore	SION)	13d. INSIDE CITY	LIMITS? 13	SIREEI ADDRESS 5243 Reisters			
第 全至解的第三	1	Maryland	d C	ity	Baltimore		YES	NO [5243 Reisters	town	Rd. 21	1215
A P S S S S S S S S S S S S S S S S S S	14.1	ATHER'S NAME		MIDDLE	LAST		15 MOTHER'S		NAME	1	LAST	
# 20055		Willia	am	Carl	Dreyer		Et	thel			Miller	
N S S S S S S S S S S S S S S S S S S S	16a.	WAS DECEASED	EVER IN U.S. AF	RMED FORCES?	166 SOCIAL SECUR		17. INFORMA	INT	5243 Reiste	rsto	wn Rd.	
S. ETER GIVE P. ITH FO. PAGES 1 VISION		Yes	Kore	an Conflic	213-24-6	467	Jean I	Dreyer	Baltimore,	Md.	21215	
. 8.>.0		IB CAUSE O	F DEATH (Enter a	nly ane cause per line	or (a). (b). and (c))						APPROXIMAL	IE INTERVAL
TON ST., E 24 HOURS ITEM 18. (LIONG WI SIT PERMIT. I HYGIENE, DI'		PARTIDE	A TILL SALAC CALLCO	ED BY: ATE CAUSE (a) Art		tic	rardiov	accula	ar disease		BETWEEN ONS	ET AND DEATH
STON ST 24 HO ITEM 1 ITEM 1 ICONG ICIT PERM HYGIENE, MOVAL.			IMMEDIA		AS A CONSEQUENCE		Laratov	ascare	at arbeade			
A SECTION		Canditian	is, if any, which	,								
I MANAGER A			e to immediate stating the under		AS A CONSEQUENCE	. 05		3 50			-	
2823/8z		lying cau		. DOLTO, OK	AS A CONSEQUENCE	Or					100	
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		5107 0 0 THE C		(c)								
ECORDS SUDING WEDICAL AS A BUTH AN CREMA!	2	PARI Z DINEK SIL	SHIFICANT CUNDITION:	CONTRIBUTING TO DEATH B	OI NOT RELATED TO THE TE	RMINAL DISEA	SE OR CONDITION G	IVEN IN PART 1	10			
CREASE RECORD AS	CERTIFICATION	10.0175.05	00550471041	Transport						1.4		
A SEPTIME	1 5	19a. DATE OF	OPERATION	196 CONDIT	ION FOR WHICH OPE	RATION	VAS PERFORME	ED?			20 AUTOPSY	?
BIVISION OF VITAL SCRETFICATE SHOU RED TO THE CHIE RESPACHUE BE US DEPARTMENT OF US OF PRIGE TO BURIA	싀흡										YES X	NO 🗌
PANER	2 8	210 EXTERNA	L CAUSE WAS	216 TIME OF HOUR A.M.	MONTH DAY YE		IOW INJURY O	CCURRED	ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PA	RT 2)	4 Fa-
N OF CONTRACTOR	13	CONTRIBUTING	NG CAUSE OF	DEATH P.M.	19							
VISION CERTIFIC TING TO B SHO DEPAR PRIME	MEDICAL	21d. INJURY C	CCURRED		FINJURY (AT HOME,	21f. LC	CATION STREET		CITY OR TOWN	Test of		STATE
SI SE	2	AT WORK	NOT WHILE I	O STREET, FACTO	JRT, PARM, ETC.)		SIREEI		CITY ON TOWN	CO	UNTY	STATE
T STA							X X	Г			A 701	
EXAMINER CERTIFICAL JUD BE FOX WITH THE WARYLAND				ge of the remains desc		_Auto	1	Inspection L		nd in my ap	oinian	
■ N N N N N N N N N N N N N N N N N N N		death resulte	ed fram: Nate	ural causes [X],	Accident L.,	ouicide	, Homicide		Undetermined manner,			
MAR WAR		ACTUAL	10/1	-1			TITLE (SPE			DATE	8-30-86	
ZHYZE H	-	SIGNATURE_	11	1		/	Assist	anc	MEDICAL EXAMINER	SIGNE	8-30-86	
AND	1	EXAMINER'S	NAME .		100 m			444 5	01			
TO MEDICAL E EXECUTE THE PASE 4 SHOUL TO FUNERAL AFTER DEATH, BALTIMORE, M	-	(TYPE OR PRIN	VI) Wi	119am M. 7			ADDRESS		enn Street			
EDE 2 4 9	23a.	I SPECIEVY	ION, REMOVAL		23c. NAME OF C			Y 2	23d LOCATION	D Can	YI'S mome s	TWA
07/B4 BP			urial	97 3/86	Garrisc				Owings Mills			MG.
25M DHMH - 17	24.	NAME -	De At		dt Funeral				D. BY REGISTRAR 256 REG			45
(VR A15 ME (5))	1	Yann 1	beak lin	Owings	Mills, Mo	1. 2	1117	SEF	2 - 1986 gui	a want	bon-Hand	Eller.

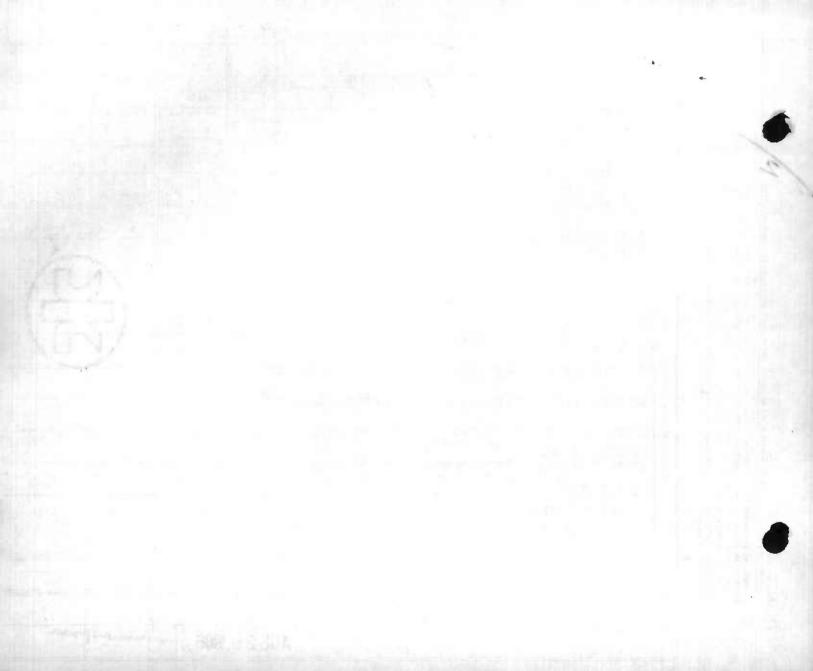
1 3 - 0 0

W. Amelika and the party of the same and the same of the same and the same of the same of

Andrea . In the contract of th

At the state of the state of

									MARYLAN			-	17	1	6	
			FOR			DEPA	ARTMENT O	FHEALT	H AND MI	ENTALH	YGIENE	2	2 %	1	0	
			STATE REGISTRAR			MEDIC	AL EXAMI	NER'S	CERTIFIC	CATE	F DEAT	н ,	REG. NO.		7	
1 - 1	6732	1. DE	CEASED NAM	FIRST		MIDD	DLE		LAST		70	DATE KNO		DAY	YEAR	Zb HOUR
	0 1 0 2	(TYP	E.OR PRINT)									OF ES	n- =	-		
	See See		44	DAIN					DUFFIE			DEATH MAT	0		19 86	M
	# DE 5%	3,50		4. RACE	S. DATE OF I		6 AGE (IN		INDER 1 YR.	HOURS		DATE	HINOM	DAY	YEAR	2d. HOUR
	NASEK.	F	emale	Black	5	29 8	36		3	HOURS	MIN.	DEAD	8	26	19 86	4:10 AM
-	MAKE SE	To B	RTHPLACE (S		76 CITIZEN			8.			Y 9	BALTIMORE	CITY OR COUR			2.2
	記事な声を		REIGN COUNTRY)		11	C A			RIED NE			D 71'				
	12.00		Aryland TY OR TOWN			S.A.	NURSING HO		WED L	DIVORC			ore Cit		ND OF BUS	MD.
/	E E E E E	17	II OK IOWIN	OF DEATH			GIVE STREET ADDRES		HEK INSTITUT	HON	FOR MO	ST OF WORKING L	IFE)	OF	RINDUSTR	
12	Sozal C	1	Baltimo	ore /	1318	E. Co	old Spri	ing La	ane		Unen	ployed	1			
/ -	22598	IJa S	L RESIDENCE	(IF IN NURSING TOME	OR OTHER INSTITUT				has more e	PW 1 144197 5	La cross					
120	325350	130 2	Marylar		NIT	136.	Baltimo		13d INSIDE CI	NO [ADDRESS	ldsprin	0 1 :	no21	230
0	# N	TV E	ATHER'S NAME				Darcinic	JI C	IS MOTHE) L. CC	ruspi ii	ig Lo	III67 I	233
2	1-20 AV	()	FIRST		MIDDLE		LAST		FI	RST	IN INAME	MIDDLE			LAST	
86	SHEET	/	Regina				:Neil			ischa				Dut	fie	
*	825022 /	160. V	VAS DECEASE ES, NO, OR UNKNO	DEVER IN U.S. AL	RMED FORCES	? 16b	SOCIAL SECU	RITY NO.	17 INFORA	THAN		AC	DORESS			
1	JRS AFTER 8. GWE PA WITH FOR PAGES I DIVISION		NO				N/A		Hele	ena Di	uffie	1318	E. Cold	spri	ina L	ane
-	DIA DIA			F DEATH (Enter a	nly one cause n	er line lar (a								- Af	PPROXIMATE	INTERVAL
ti.	C KARA A		PARTIDE	ATH WAS CAUS	D BY:			Samt D	Janth C		0720			BETV	WEENONSET	AND DEATH
0	A B S S S S S S S S S S S S S S S S S S		111111111111111111111111111111111111111	IMMEDIA	ATE CAUSE (a).		den Inf		leath S	philar	one			-		
153	A S S S S S S S S S S S S S S S S S S S		Canditia	ns, if any, which		O, OR AS A	CONSEGUENC	.E OF								
g.	MER ANSI			se ta immediat					U							
*	WANTED SO			stating the under	DUET	O, OR AS A	CONSEQUENC	E OF							3-2-	1
20	BINANK		lying cau	ise rast.	(6)									-		
8	ANG A GEO		PART 2 OTHER ST	GNIFICANT CONDITION	CONTRIBUTING TO	OFATH BUT NO	T RELATED TO THE T	EPMINAL DISE	ACE OR CONDITION	N CIVEN IN DA	PT 1 in					
VITAL RECORDS	STA SEE	z					T WEEK TO THE T	ERMINAL DISEA	OK CONDITION	N OTTEN IN TA	K1 1 (0)					
9	HEATH CREW	CERTIFICATION	19a, DATE OF	OBERATION	Tion C	CALICIAN	FOR WHICH OF	SER ATIONIA	WAS BEREOR						1000	
7	HE HE HE	2	170. DATE OF	OPERATION	196. 0	ONDITION	FOR WHICH OF	EKATION	WAS PERFOR	MED?				20 A	AUTOPSY?	
1	SHOUL ONE BURNAL BURNAL	1												1	YES 😾	NO 🗌
6	A HE CAREST	18		L CAUSE WAS		ME OF INJU	IRY NTH DAY YE	216 1	HOW INJURY	OCCURRE	D LENTER NAT	URE OF INJURY IN	ITEM 18 PART 1 OR	ART 2)		
2	DHO SEA	1	UNDERLYING	G □ OR NG □ CAUSE OF		P.M.	NIH DAT 10	AR								
PIVISION OF	ESCHAR!	MEDICAL	21d INJURY C			LACE OF IN.		21f_L	OCATION							
N N	OF SERVICE	Z	WHILE	NOT WHILE	STRE	EET, FACTORY, FA	ARM, ETC.)		STREET		(CITY OR TOWN	C	OUNTY		STATE
	EN AND AND AND AND AND AND AND AND AND AN	-	AT WORK	AT WORK												
	WHO WHO		22a. I certi	ly that I taak	of af the remai	ins described	d abave, held an	Auta	psy X.	Inspection	n .	Inquiry	, and in my o	pinion		
1922	25 CT 5 3		death result		ernt spenses X			Suicide	, Hamic	de .	Undeter	nined manner				
	S S S S S S S S S S S S S S S S S S S		ocom reson	1/		11	1/11-	Soicide L			Olidetell	mined manner				
•	203253		ACTUAL	1 11	ch.	1. 4	Non	•	TITLE (SI				DATE	0	20 0	_
	MEDICAL E GECUTETHE GECT SHOUL GECT SHOUL FER DEATH WETMORE M		SIGNATURE,	000			-		M.D. ASSI	LStan	CMEDIC	ALEXAMINER	SIGN	IED 8	-26-8	0
	ZHE SHE	/	EXAMINER'S	NAME Cha	rles P.	Kokos	MD			111 1	Donn (2+ B=	alto., M	ID 3	21201	
	A SECON		(TYPE OR PRI	NT) CITA	1169 1.	MOVES	y, M.D.		ADDRESS_	TTT 1			iico., r	2	.1201	
	EUSESS.	23a.B	URIAL, CREMA	TION, REMOVAL	73b. DATE		23c. NAME OF				23d. LOC	ATION	(0	UNTY	STA	AYE
07/84	BP		BURIA		8/30/	86	Cedar H	Hill (Cemeter	ry		Aruno	1 3 0		Md.	
25M			JNERAL DIREC							75a. DATE				SIGNAL		
	DHMH - 17 (VR A15 ME (5))	Ma	NAME	neral Ho	mac 11	O1 Fac	st North	h Avo	2110	AUG	2919	196 9	h REGISTRAR'S	المالية.		
	(411 WID WAT (2))	FIC	ii Cii I U	ieral 110	11 52	OI La	SC MOLL	I YAS	iiue			()				



0-14365

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGGENE

A DECK	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	o.	
	EASED NAME FIRST CATheri	ne Augus	ta Z	UFFY	20. DATE OF DEATH	- 4-86	26 HOUR 10 55 P
ar SEX		RACE White	5. DATE O	PE BIRTH	6 AGE (IN YEARS LAST BIRT	THOAY) IF UNDER 1 YEAR MONTHS DAY!	
d GG	TMPLACE I STATE OR FOREIGN 76 OUNTRY) ONLY	CITIZEN OF WHAT COUNTRY?	MARRIED WIDOWE	DEVER MARRIED DEVER DIVORCED	Baltimore City o	R COUNTY OF DEATH	
1	Baltimore	NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GAL STREET HOSP	ardness)	R OTHER INSTITUTION	120 USUAL OCCUPATION OF THE CONTROL		of Business
Ma 130 ST	ryland	130 SITY OR TOW	/N	13d. INSIDE CITY LIMITS?		Ann Street	21231
14 FAT	HER'S NAME FIRST MIE	O'Dea		15 MOTHER'S MAIDEN N	NAME	ı	AST
	AS DECEASED EVER IN U.S. ARME S, NOOR UNKNOWN) (IF YES, GIVE W	D FORCES? 166 SOCIAL SECU VAR OR DATES) 2/3-34-	6592	Catherine A	. Holcomb 27		hmidt D
 	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	DEATH BUT	NOT RELATED TO THE TEL	rminal disease or coni	DITION GIVEN IN PART	lio
CATIO	90 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIND	INGS USED
ERTIFICATIO			OPERATION		YES NO	IN CERTIFYING CAUSE	S OF DEATH?
CERTIFIC	90 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OF CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	196 CONDITION FOR WHICH 216 TIME OF INJURY HOUR A.M. MONTH DA				IN CERTIFYING CAUSE	S OF DEATH?
MEDICAL	PIG. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216 TIME OF INJURY HOUR A.M. MONTH DA	AY YEAR 19		YES NO	YES THE TEM 18 PART I OR PART 21	NO _
WEDICAL 2	(2) a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTHEY MEDICAL EXAMINER) (2) d IN JURY OCCURRED WHILE NOT WHILE	21b TIME OF INJURY HOUR A.M. MONTH DA P.M. 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, F) patended the deceosed from view the body offer deoth.	AY YEAR 19 FARM, ETC)	21c HOW INJURY OCCU	YES NO	IN CERTIFYING CAUSE YES YES YES YES YES YES YES YE	STATE
230 BU	RIB. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) RID INJURY OCCURRED WHILE NOT WHILE ALL WORK 2020 Certify that (b) (this hospital sow the deceased alive on August) 2020 SIGNATURE 2020 PHYSICIAN'S NAME (TYPE OR PI	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M. 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, F view the body ofter deoth. 23b. DATE 23c. N	AY YEAR 19 FARM, ETC) NAME OF CE	211 LOCATION STREET 211 LOCATION STREET ATTENDING PHYSICIAN	YES NO DIRRED (ENTER NATURE OF INJURE OF INJUR	IN CERTIFYING CAUSE YES YES YES YES YES YES YES YE	STATE that (h (we)) e couses stated E SIGNED

DHMH - 16 60M 7/84 (VRA 15, 4)

Charles S. Zeiler & Son Inc. 901 S. Conkling St.

- 0 - .

Control ourses for the same and the same and

the second second to the second second

Level - Lating - Washing - Washing - Lating - La



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE FOF DEATH REGISTRAR . DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-THERE SA DUNCAN 23 19 86 4 RACE DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR 2d HOUR IF UNDER 24 HRS DATE RONOUNCED AM DEAD 23 1986 9 BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED Baltimore City DIVORCED D. CITY OR TOWN OF DEATH HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 171 KIND OF BUSINESS Baltimore 3756 W. Belvedere Avenue SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS 13b. COUNTY 13d INSIDE CITY LIMITS? A FATHER'S NAME IS MOTHER'S MAIDEN NAME 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h. SOCIAL SECURITY NO (IF YES, GIVE WAR OR DATES) CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Hypertensive cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 DIHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO 19g, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 214 INJURY OCCURRED 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK Inspection X 22a. I certify that I took of the remains described above, held on Autopsy Inquiry and in my apinion death resulted Iram Homicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE 8-24-86 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Charles P ./Kokes, M.D. 111 Penn St., Balto., MD 21201 TYPE OR PRINT 86 GARRISON FOREST UNINGS MILLS- BALTE. 07/84 250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE 25M **DHMH - 17** (VR A15 ME (5))

3 1 2 1

_756 , belivatore avulua

Acon located to establish a H

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2 2 2 3

BY REGISTRAR 256 REGISTRAR'S SIGNATURE

250 DATE REC'D.

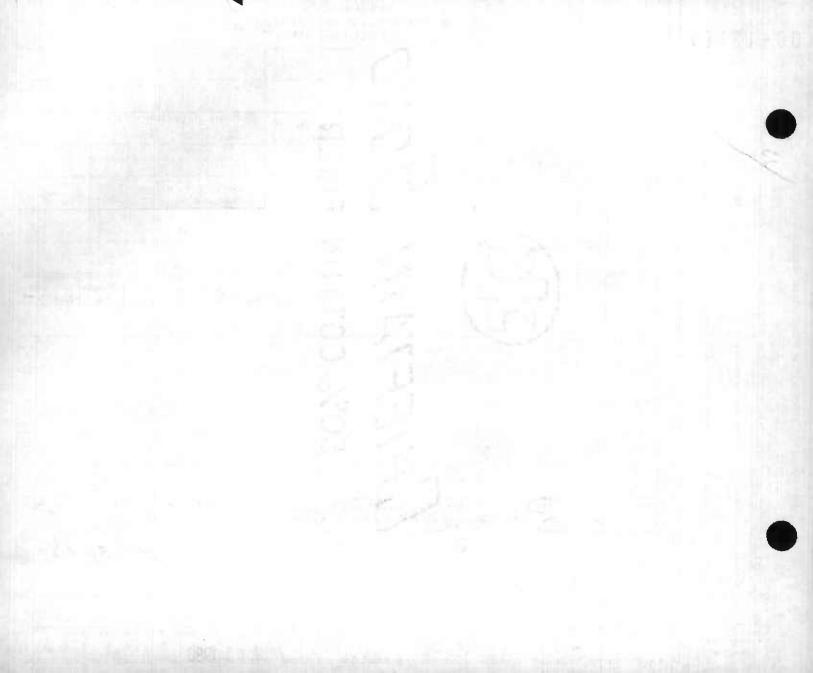
REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	Annual Control of the Control
1 DECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
(TYPE OR PRINT) Coste	lla Mae	Dunn	8	13 86 "
3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
Female	Black	8 13 32	C 4	RS DATS HOURS MIN.
70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COL	
N.C.	USA	WIDOWED DIVORCED	- Raltimore	City
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUI	RSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINESS OR
Balto.	928 Harlem	Ave.	Disabled	INDUSTRY
Md.	DUNTY IS INTERESTINATION OF THE RESIDENCE BILLION BALLO.	OWN 136 INSIDE CITY LIMIT	928 Harlem	Avenue 21217
14 FATHER'S NAME FIRST	MIDDLE LAST	15 MOTHER'S MAIDE	N NAME MIDDLE	LAST
Collie	Dunn, S			Smith
160 WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL S	ECURITY NO. 17 INFORMANT	ADDRESS	
No	215-28	-9069 Debra Pric	ce 928 Harle	em Avenue
IS CAUSE OF DEATH (Enter	r only one cause per line for 10), (b.	and ic	^	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAL	USED BY: DIATE CAUSE (a)	SORHAGEAL !	ANCER	12 MONTHS
	DUE TO, OR AS A CONSE	OUENCE OF	terminal disease or condition	N GIVEN IN PART 110
190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING	196 CONDITION FOR WH	TICH OPERATION WAS PERFORMED		IF YES, WERE FINDINGS USED
HE I			YES NO	ERTIFYING CAUSES OF DEATH? YES NO
	FDEATH HOUR A.M. MONTH	DAY YEAR	CURRED (ENTER NATURE OF INJURY IN ITE	M 18 PART I OR PART 2)
IF EITHER NOTIFY MEDICAL EXAM	71e PLACE OF INJURY	19 ZII LOCATION		
WHILE NOT WHILE D	LAT HOME STREET, FACTORY, OFF	ICE, FARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
22a.1 certify that (1) (this ha	ospital attended the deceased from		nian death accurred on the date and	hour and from the couses stated
226 SIGNATURE	bunedy 10	DEGREE ATTENDIN		271 DATE SIGNED 8/14/86.
220 PHYSICIAN'S NAME (TV	NELY.	120 ADDRESS GM	CC	
Burial, CREMATION, REMOVE		Rame of CEMETERY OR CREMATO Cedar Hill Cemeter	CHY OR LOVE	del Co Md

4300 Wabash Ave.

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT.

24 FUNERAL DIRECTOR
Wim C March F/H West



							SIAI	E UF MAKTLAND		P. 18	32	
			١,	FOR		DEPAR	TMENT OF	IEALTH AND MENTAL HY	GIENE	La la	60	
-15	302	2		STATE REGISTRAR			CERTII	ICATE OF DEATH				1
16	000,	3	1 00	CEASED NAME FIRST		MIDDIE		LAST .	2a. DATE OF DE	REG. NO.	DAY YEA	R 2b HOUR
4)	m =			OR PRINT)		MIDDIE			70. DATE OF A	2 57 4	DAT TEA	1620PM
p	poge			Bert	ha.	L.	D11	rham	8/0	25/66		1750, N
(am	0 0		3 SE		4. RACE		5. DATE	OF BIRTH	6. AGE (IN YEAR	S LAST BIRTHDAY)	IF UNDER 1 Y	
4	pfa		7	-	0		MONT	1 C PAYO CYEAR		61	MONTHS DA	AYS HOURS MIN.
960	ors Urs					>		0/4/94		John YRS.		
9	P od 2	Ellen	7a. B	RTHPLACE STATE OR FOREIGN		WHAT COUNTR	Y?	D NEVER MARRIED	9. BALTIMORE	CITY OR COUNT	TY OF DEATH	1
0	12/	25	V	irqinia	U.S.	Α.		DINORCED [2/47 6	1 to	MD
0	/	p /	10 C	TY OR TOWN OF DEATH				OR OTHER INSTITUTION	12a. USUAL OC	CUPATION	126. KIN	ID OF BUSINESS OR
N	100	划人		Baltimore	(IF NOT IN SUC	THE DAM L	EET ADDRESS)	1	N/A	R MOST OF WORKING	INDUST	TRY
7 5	62	EN				THERAN H			I N/A			
2	9 7	to good		AL RESIDENCE (IF NURSING HO	OUNTY		ORE ADMISSION)	138. INSIDE CITY LIMITS?	13e STREET ADD	DRESS / ZIP COL	DE	
24	Fille	3		MD		Baltimo	re	YES X NO	1910 0	cedric Ro	o ad	21216
P C	2 sh	2	14.F	ATHER'S NAME		-		15 MOTHER'S MAIDEN NA				
3	ple	0	1	han loc	MIDDIE	Danlik		FIRST		AIDDIE		LAST
Ped	E O	8		harles	Α.	Beckha		Atha			Arr	nold
n Ja	ges	medico		VAS DECEASED EVER IN U.S	S. ARMED FORCES? S. GIVE WAR OR DATES)	166 SOCIAL SE	CURITY NO.	17 INFORMANT		ADDRESS		
6	Pages	ae /		No	S, Otte Walk Ox Daves)	N/	Α	Bertha Lowe	1910 C	edric Ro	had	
ف ا		he		L. C.U.C. OF DEATH.	1			Der una Lone	1310 0	car ic no		PROXIMATE INTERVAL
0	hysi ovo	nt,		18. CAUSE OF DEATH (Ent PART I, DEATH WAS CA	er only one couse per AUSED BY:	line for (a), (b),	ond ici.	A. M. A.	-1.12		BETWI	EEN ONSET AND DEATH
4	0 0 0	9		IMME	DIATE CAUSE (a)	140	CUPANI	in whin	CHION			
0	orb or o	ofic			DUE TO O	RAS A CONSEC	LIENCE OF					
604	de co	E S		Canditians, if any, which		K AS A CONSEC	1376	w				
O	a of	2		gave rise to immediat	e		113	• /				
+	the re-	he		cause (a), stating the		R AS A CONSEC	DUENCE OF					
tho	d by	ar oth		onderlying coose tos	((c)							
res	n pl	7.0		PART 2. OTHER SIGNIFICA	NT CONDITIONS CO	ONTRIBUTING T	O DEATH BUT	NOT RELATED TO THE TER	AIN AL DISEASE O	R CONDITION G	IVEN IN PAR	Tlia
9	The	2	CERTIFICATION						-			
3	nit.	2	F	190 DATE OF OPERATION	19b. COND	ITION FOR WHI	CH OPERATIO	N WAS PERFORMED	20a AUTOPS	Y? 20b. IF Y	ES, WERE FIN	NDINGS USED
0	os b Derm	250	E S				g 4 h 1 7 8 8 4 7 .					ISES OF DEATH?
T.	sit p	9	1 2					1		the same	YES 🗌	NO 🗌
Z.		8		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	110110		DAY YEAR	21c. HOW INJURY OCCUP	RED (ENTER NATUR	E OF INJURY IN ITEM 18	B PART T OR PART	[2]
2	a p	E	A	(IF EITHER, NOTIFY MEDICAL EXA	OF DEATH	Μ.	19					
××-	din Bur	io i	MEDICAL	21d. INJURY OCCURRED	21e. PLACE			211 LOCATION	7-1			
PHY.	the the	P /	¥	WHILE NOT WHILE	(AT HOME STI	REET, FACTORY, OFFIC	E. FARM TIE	C/ STREET	C	ITY OR TOWN	COUNTY	STATE
NG	Afte os	4 C		AT WORK			11/6	1/		9/20	61	
2	Lose teol	5		22a.1 certify that (1) (this	naspital) attended th	e deceased from	1	19	- to	2/00	18	_, that (I) (we) last
ATTEN	of To	5		saw the deceased oliv abave, (1) (we) (did) (d	e on	atter effects	-04 0	nd that in (my) (aur) apinion	death occurred o	n the date and he	our and from	the causes stated
	REC Ped PP	8		226 SIGNATURE	O A	difer realify.		DEGREE		-	122c D	ATE SAGNED
OR	och D	*		LOSSING AND	11/11/11/11	1/2		ATTENDING	MEDICAL _	STAFF		VIOCI.
IA.	RAL	<u> </u>			100mc	an	The state of the s		DIRECTOR [PHYSICIAN		orusin
SP	UNE Id be	E I		22d. PHYSICIAN'S NAME (TYPE OR PRINTI		,	22e ADDRESS	VK.		mari	12 CMil
오	TO FUN should b	PORTAN			OVINI	21001-	VII	100	7/200	NWW	166	111
0	shoul with	₹-	73a	BURIAL, CREMATION, REMO	OVAL 236 DATE	1 23	NAME OF	EMETERY OR CREMATORY	23d LOCATIO			1400
			1.30	CRECIENS					CITY OR I		COUNTY	STATE
В	3P	-		Burial	9/2/8	b	Arbutus	Memorial Pk		utus		MD
DHA	AH - 16 60M	7/84		JNERAL DIRECTOR		40000			TE REC'D. BY REG	ISTRAR 256 REGIS	STRAR'S SIGN	NATURE
	(VRA 15 4)		WI	.C.March F/H	Inc. 1101	East	orth A	venue Cl	D 2 E	ARR .	* ATMINISTRATION	

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	REGISTRAR				CERTIF	ICATE OF DEATH	1 0	REG.	NO.		
)		CEASED NAME OR PRINT)	Charl		S.	Duva	11	2	Aug. 5,	1986	DAY YEAR	26 HOUR 7:41PM
	3 SEX	Male		4. RACE Wh:	ite	S. DATE O	DAY . YEA	A D	AGE (IN YEARS LAST)	SIRTHDAY) YRS	IF UNDER 1 YEAR	
2		RTHPLACE (STATE OF PA.		76 CITIZEN OF		TRY? 8. MARRIEI WIDOWE	D NEVER MARRIEL		Balto.	OR COUNT	Y OF DEATH	MD.
1		alto.	ATH	St. Ag			OR OTHER INSTITUTION	N I	Manager	TION OF WORKING Bolt	LIFE) INDUSTRY	OF BUSINESS OR
5		AL RESIDENCE (IF STATE Md.	Balt	ITY	13c. CITY OR	TOWN Sville	13d INSIDE CITY LIMI	лтs? 1:	s street address	2122 aton	8 Place	
20	FA	THER'S NAME	ıknown	MIDDLE	LAST		15. MOTHER'S MAIDE		nown Middle		LA	ST
2	10	VAS DECEASED EVER YES, NO OR UNKNOWN) YES		MED FORCES? E WAR OR DATES)	166 SOCIAL 213 10	SECURITY NO 1782			Burnt Oak Duvall	REAd.	Catonsv: 2122	
		18 CAUSE OF DEA PART I. DEATH V	WAS CAUSE	ly one couse per D BY E CAUSE (a)	line for 101, (b	o, and ic	leal iske	etro	n		APPRO) SETWEEN	XIMATE INTERVAL LONSET AND DE ATH
	NO	Conditions, if any gove rise to in couse (a), state underlying couse	nmediate ing the e last	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	rollo Rasacons	EQUENCE OF	Med A	SCU E TERMIN		NDITION G	IVEN IN PART 1	10
7	CERTIFICATION	19a. DATE OF OPERA	ATION	196 COND	ITION FOR W	HICH OPERATIO	N WAS PERFORMED		200 AUTOPSY?	IN CER	ES, WERE FINDI	
,	MEDICAL CER	21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MED 21d. INJURY OCCUP AT WORK AT WORK	CAUSE OF DEA	P. 21e. PLACE	M. MONTH M. OF INJURY	DAY YEAR	211 LOCATION STREET	C			COUNTY	STATÉ
		22a. I certify that (I saw the dece- obove, (I) (C) 22b. SIGNATURE				. 19 <u>60</u> . or	nd that in (my) (CO) of	ING V		AFF		that (I) (III) last causes stated
		TOKO HO	Shau Shau I, REMOVAL	U MJ).		220 ADDRESS 5800 Ed	MOK	ISON AV			
	(SPECIFY) Crema	ation	Aug.	6,1986	Westvie	w Cem.		Balto.		Balto.	Md.

DHMH - 16 50M 1/81 (VRA 15, 4)

TO HOSPITAL

MPORTANT: If them 21 is morked or them 18 shape

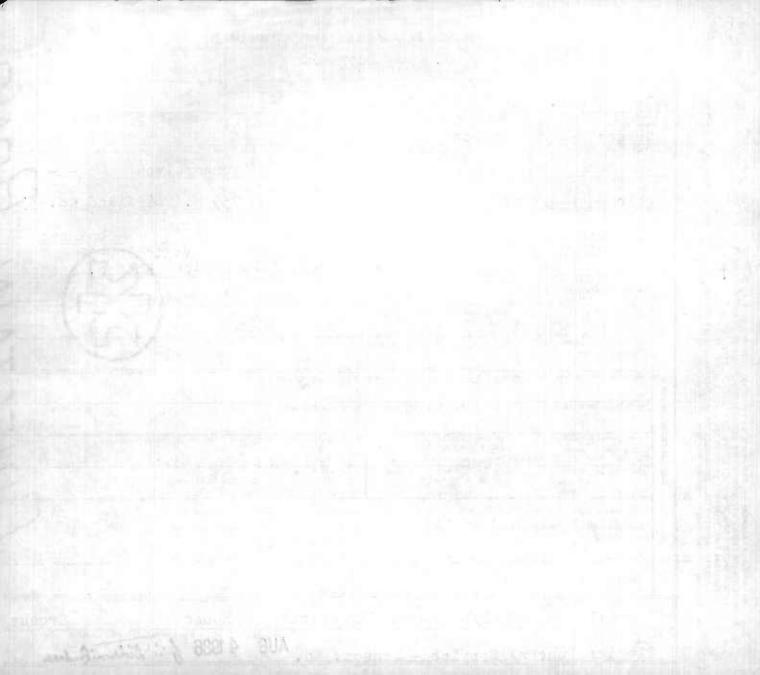
G. MATRICHAN SI LUA 6 5 MARTI BALTO NAT. Pike.

AUG

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE fundamorano ...

A RESTRICTION OF THE PARTY OF T . 20 wa rus (word to obtain to the and a little pant of the college .07 .07 .0.

DEPARTMENT OF HEA	ALTH AND MENTAL HYGIENE
MEDICAL EXAMINER	C CEDTIEICATE OF DEATH & & &
1. DECEASED NAME TOKAS J. EC	ONOMI dog 20. DATE KNOWNYY MONTH DAY YEAR 126 HOUR
Fokion J. Iko	Onomiois DEATH MATED 1 8-1 1986 M
Male Cauc 5 DATE OF BIRTH AMONTH DAY YEAR ASSI BIRTHDAY ASSI B	MONTHS DAYS HOURS MIN PRONOUNCED 3.24
VACOUTO PRACTICE OURS.	8-1 1986 a. M
FOREIGN COUNTRY)	AARRIED — NEVER MARRIED —
Greece Greece WII	OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 112b. KIND OF BUSINESS
Baltimore II. NAME OF HOSPITAL, NURSING HOME, OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) University Hospital	FOR MOST OF WORKING LIFE) OR INDUSTRY
USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	Galina
Ohio Greene Xenis	YES X NO 759 N. Fairfiled Rd.45385
H. FATHER'S NAME FIRST MIDDLE LAST	15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST
loannis Economides	Maria Unknown
(YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	(Sister) Ventokiou 37
PARTIDEATH WAS CAUSED BY: Cunchet Mounds	BETWEEN ONSET AND DEATH
DUE TO, OR AS A CONSEQUENCE OF	SE CAROC & ABACHICH
Canditians, if any, which gave rise to immediate (b)	
cause (a) stating the under DUE TO, OR AS A CONSEQUENCE OF lying cause last.	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO GEATURE AND	
D MOON ALL AND	ISEASE DE CONDITION GIVEN IN PART 1 (a).
190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATIO	N WAS PERFORMED? 20 AUTOPSY?
S S S S S S S S S S S S S S S S S S S	YES XX NO []
216 EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21	1. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
CONTRIBUTING CAUSE OF DEATH 2: 08 x 8-1 1986	subject was shot by police
WHILE NOT WHILE STREET, FACTORY, FARM, ETC.)	STREET CITY OR TOWN COUNTY STATE
7 2 2 2 2 2	
death resulted from Netwerl course	
A A R A R A R A R A R A R A R A R A R A	
ACTUAL SIGNATURE	Massistant MEDICAL EXAMINER DATE SIGNED 8-1-86
EXAMINER'S NAME Dennis F Smyth M D	ALSO F BIRTH OPEN TO THE COPE BIRTH OPEN TO THE BIRTH OPEN TO THE COPE BIRTH OPEN TO THE BI
	Total Recistrar
USLALA RESIDENCE IN INCLUDIOUS CONTRIBUTIONS OF RESIDENCE MANAGEMENT (AND INCLUDIOUS CONTRIBUTIONS OF RESIDENCE MANAGEMENT) STATE JUNE COUNTY BY CITY OF THE MANAGEMENT (AND INCLUDIOUS CONTRIBUTIONS OF RESIDENCE MANAGEMENT) STATE JUNE COUNTY BY CONTRIBUTIONS OF RESIDENCE MANAGEMENT (AND INCLUDIOUS COUNTY BY CONTRIBUTIONS OF RESIDENCE MANAGEMENT) STATE JUNE AND CONTRIBUTIONS OF RESIDENCE MANAGEMENT (AND INCLUDIOUS COUNTY BY CONTRIBUTIONS OF RESIDENCE MANAGEMENT) STATE JUNE AND CONTRIBUTIONS OF RESIDENCE MANAGEMENT (AND INCLUDIOUS COUNTY BY CONTRIBUTIONS OF RESIDENCE MANAGEMENT) STATE JUNE AND CONTRIBUTIONS OF RESIDENCE MANAGEMENT (AND INCLUDIOUS COUNTY BY CONTRIBUTIONS OF RESIDENCE MANAGEMENT) STATE JUNE AND CONTRIBUTIONS OF RESIDENCE MANAGEMENT (AND INCLUDIOUS COUNTY BY CONTRIBUTIONS OF RESIDENCE MANAGEMENT) STATE JUNE AND CONTRIBUTIONS OF RESIDENCE MANAGEMENT (AND INCLUDIOUS COUNTY BY CONTRIBUTIONS OF RESIDENCE MANAGEMENT) STATE JUNE AND CONTRIBUTIONS OF RESIDENCE MANAGEMENT (AND INCLUDIOUS COUNTY BY CONTRIBUTIONS OF RESIDENCE MANAGEMENT) STATE JUNE AND CONTRIBUTIONS OF RESIDENCE MANAGEMENT (AND INCLUDIOUS COUNTY BY CONTRIBUTIONS OF RESIDENCE MANAGEMENT) STATE JUNE AND CONTRIBUTIONS OF RESIDENCE MANAGEMENT (AND INCLUDIOUS COUNTY BY CONTRIBUTIONS OF RESIDENCE MANAGEMENT) STATE JUNE AND CONTRIBUTIONS OF RESIDENCE MANAGEMENT (AND INCLUDIOUS COUNTY BY CONTRIBUTIONS OF RESIDENCE MANAGEMENT) STATE JUNE AND CONTRIBUTIONS OF RESIDENCE MANAGEMENT (AND INCLUDIOUS COUNTY BY COUNTY B	
24. FUNERAL DIRECTOR	
V DOME ADDRESS	250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



STATE OF MARYLAN	0
DEPARTMENT OF HEALTH AND ME	N

ENT OF HEALTH AND MENTAL HYGJENE 💍 CEDTIFICATE OF DEATH

2 2 2 3

	1-	FOR STATE REGISTRAR	DEPART				d. 2.	0		
	1,1399			Ed	lds SR.	8 -	8-		26 HOUR 8:00 14 M	
0	1.569	Male	DEADLE FREE MODILE CAUSE (1) DESCRIPTION OF WHICH DEVELOPMENT OF BUSINESS OF DEATH WORTH DATE FROM THE BUSINESS OF DEATH WAS CAUSED OF DEATH BUSINESS OF DEATH WORTH DATE FROM THE BUSINESS OF DEATH BUSINESS OF DEATH WAS CAUSED OF DEATH BUSINESS OF DEATH BUSINESS OF DEATH WAS CAUSED OF DEATH BUSINESS OF DEATH BUSINESS OF DEATH WAS CAUSED OF DEATH BUSINESS OF DEATH BUSINESS OF DEATH WAS CAUSED OF DEATH BUSINESS OF DEATH BUSINESS OF DEATH WAS CAUSED OF DEATH BUSINESS OF DEATH BU							
3	U	irginia	U.S.A.	WIDOWED	DIVORCED [Baltima	ove Ci-	H	MD.	
3	2	baltimore	South Baltim	address)	111	MATERIAL	AND	INDESTRIVE	EVAMAR	
5	13a. S	TATE 136 COUNTY AND ATTHERS NAME	136 CITY OR TOW	N I	YES NO	549 Def		YWY.	2103	A.
1)	Paniel	Edds	DITYALO	Hattie	2		Eldri	dat	
2		(IF YES GIV	E WAR OR DATES!	_	MV					
	HON	Canditions, if ony, which gave rise to immediate couse 101, stating the underlying cause last. PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CONSEQUID (b) DUE TO, OR AS A CONSEQUID (c) CONDITIONS CONTRIBUTING TO	DEATH BUT N	navi is	MINAL DISEASE OR CON	DITION GIVEN			
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION		YES NO	IN CERTIFY YES	VERE FINDIN	OF DEATH?	
1	MEDICAL CER	27s.1 certify that (I) (thur-hand)	THE PLACE OF INJURY INTERPRETATION OF THE PLACE OF INJURY INTERPRETATION OF THE PLACE OF THE PLA	19 natur. ETC.)	211 LOCATION 19.84	CITY OR TO	wn	COUNTY , t	hat It (we) last couses stated	
		THE PERSICIAN'S NAME ITTE	Badasehowslu	w	ATTENDING PHYSICIAN [DIRECTOR PHYSIC	IAN			
	23a 8	SURIAL, CREMATION, REMOVAL SPECIF BURIAL	8-11-86 HILI	ANE OF CE	METERY OR CREMATORY TANNE ARUI	NDEL COTOWN A	NNAPOI	ot's M	ARYĽANI)
		OBERT E. EVAL	NS 1212 WESTS			E REC'D. BY REGISTRAR				

MARYLAND

2140AUG 18 1986

In Newdoon Pardell

DHMH - 16 60M 7/84 (VRA 15, 4)

The state of the second Select State The latest the second of the s The Carl and I was made that I was . and the stand year after this X X X X Berton or of the first more to the same A STATE OF THE PARTY OF THE PAR

(TYPE OR PRINT)

GERALDINE

Female

TO BIRTHPLACE ISTATE OF FOREIGN

Maryland

Baltimore

Mary land

14 FATHER'S NAME

CERTIFICATION

Hygi

00

ID. CITY OR TOWN OF DEATH

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME

Emma

White

76 CITIZEN OF WHAT COUNTRY?

USA

USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION

MIDDLE

(IF YES GIVE WAR OR DATES)

18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a),

36 COUNTY

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

Conditions, if any, which gove rise to immediate cause (a), stating the

underlying couse last

190 DATE OF OPERATION

21d INJURY OCCURRED

21a. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

EDER

NOF

17 INFORMANT

Arrest.

211 LOCATION

22e ADDRESS

Cemt

DEGREE

STREET

5 DATE OF BIRTH

WIDOWED

Mercy Hospital, Balto.Md.

13c CITY OR TOWN

Anoxic

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

HOUR A.M. MONTH DAY YEAR

(AT HOME STREET, FACTORY, OFFICE FARM ETC.)

21b. TIME OF INJURY

P.M.

21e PLACE OF INJURY

ARDIAC

timore

166 SOCIAL SECURITY NO.

216-03-9486

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

E.Fort

Connaway

REG. NO 20. DATE OF DEATH MONTH 26 HOUR 08 86 19 IF UNDER LYFAR 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 23 HRS YEAR 18 6ByRS BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore City DIVORCED [11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE Homemaker 21230 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? 1509 Byrd St. Balto.Md. 15 MOTHER'S MAIDEN NAME Geraldine McKee ADDRESS Mr.Dave Eder, Same as above APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT DAYS PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES T NO F 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY CITY OR TOWN and that in (my) (our) apinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED ATTENDING MEDICAL STAFF
DIRECTOR PHYSICIAN PHYSICIAN

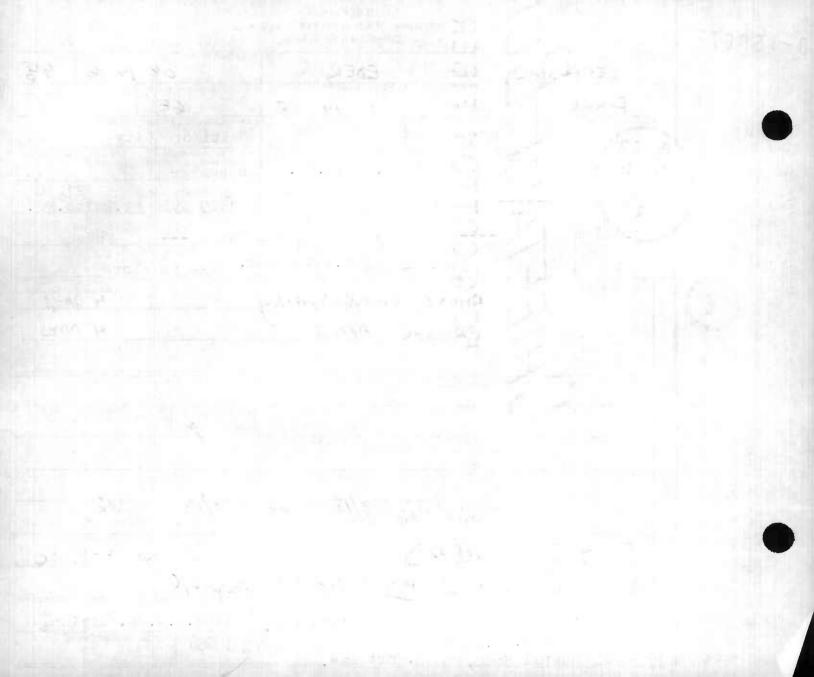
22a | certify that (1) (this haspital) attended the deceased from saw the deceased alive an above, (1) (we) (did) (did not) view the body ofter death. 23¢ NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial B/22/1986 Cedar Hill 24 FUNERAL DIRECTOR Balto.Md.2123Qperss

McCully Funeral Home 130

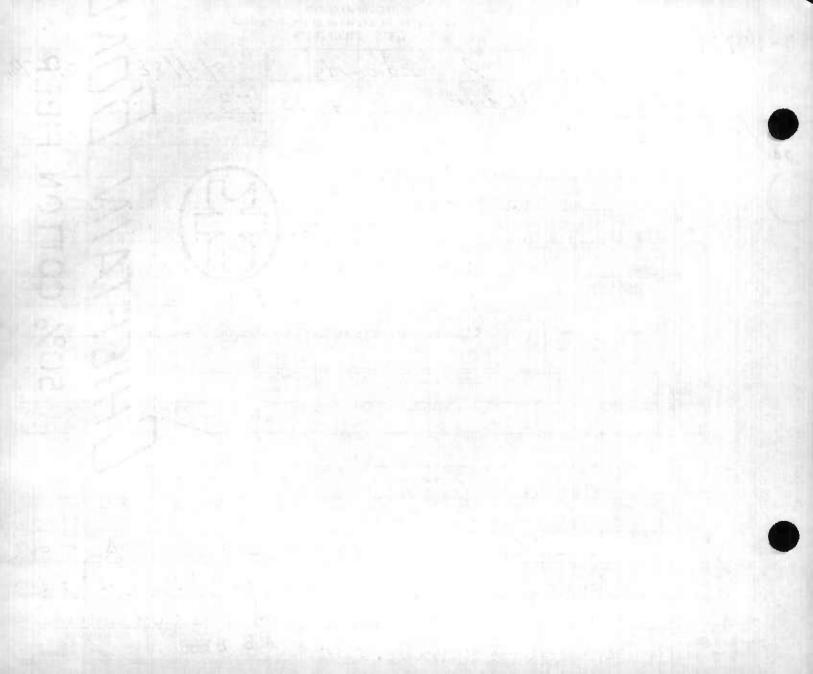
Balto A. A. Co Maryland

AUG 20 1986 AR 256 REGISTRAR SSIONTAURE

DHMH - 16 60M 7/B4 (VRA 15, 4)



STATE OF MARYLAND



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGJENE

DHMH - 16 60M 7/B4 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL

BURTAL

24. FUNERAL DIRECTOR

FOR

- STATE

March Funeral Homes 1101 East North Avenue

23b. DATE

8/12/86

Arbutus. 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

EWAY

23c. NAME OF CEMETERY OR CREMATORY

Arbutus Memorial Park

whia Daydoon-Mandelle

COUNTY

26 HOUR

12h KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

Md.

IF LINDER 24 HPS

IF UNDER 1 YEAR

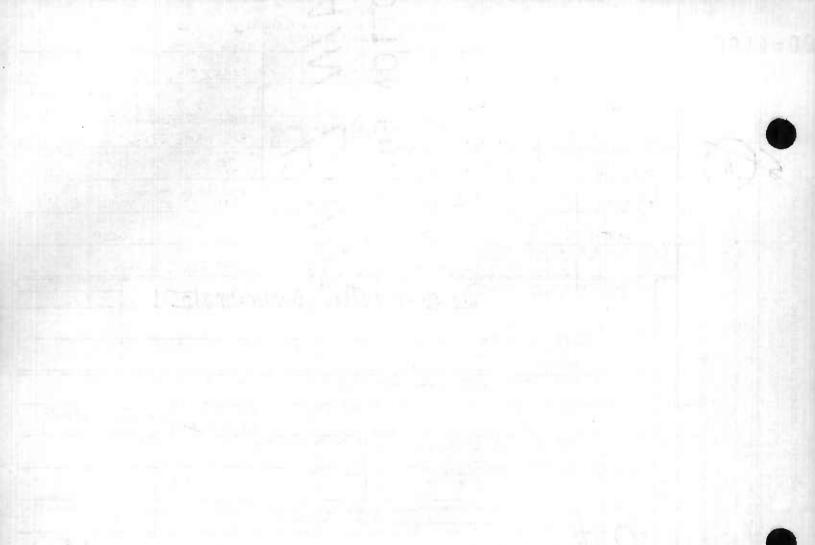
INDUSTRY

Josey

YES [

COUNTY

224. DATE SIGNED



Market Commence of the commenc

1,4 6 17 1 4 5

1	_ FOR		F MARYLAND	0	9 8 8
17035	1 - STATE REGISTRAR		LTH AND MENTAL HYGIE ATE OF DEATH	REG. NO.	9
	I. DECEASED NAME FIRST	MIDDLE LAST			AY YEAR 26 HOUR
2 22	RUPLA	A ESHAI		AUGUST 28, 19	86 0305am
i ii	3. SEX 4 RACE	5. DATE OF E		AGE (IN YEARS EAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
1000	FEMALS U	. S.A. SEPT	ARPI (26;	HT YRS	ONTHS DAYS HOURS MIN.
1000	7a BIRTHPLACE (STATE OR FOREIGN 7b CITIZE	EN OF WHAT COUNTRY? 8.		BALTIMORE CITY OR COUNTY	OF DEATH
2200	PAKISTAN U	. S. A. WIDOWED		BALTIMORE CI	TY MD.
11 300		ME OF HOSPITAL, NURSING HOME OR O		20 USUAL OCCUPATION	126 KIND OF BUSINESS OR
22	BALTIMORE THE	JOHNS HOPKINS H	HOSPITAL	DOCTOR.	BALTO. CITU
52 27	USUAL RESIDENCE (IF NURSING HOME OR OTHER INST		INSIDE CITY LIMITS?	3e STREET ADDRESS / ZIP CODE	21234
1022	MARYLAND BALTIM	or Pool Til	ES NO	2822 ASPS	A HILL ROAD
1/2	14 FATHER'S NAME FIRST MIDDLE	LAST 15	MOTHER'S MAIDEN NAME	WIDDLE	TAST
120	BENJAMIN	DAVIO	DORA		DAVID
-1-1	160 WAS DECEASED EVER IN U.S. ARMED FOR		. INFORMANT	ADDRESS	
724	00	175463811	-Amil	1 RSCORDS	
000	RECAUSE OF DEATH (Enter only one co PART I. DEATH WAS CAUSED BY:	use per line far (a), (b), and (c).)	4		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
No.	IMMEDIATE CAUSE	(0) Kespiralony	arrest		0- min.
0000	DUE	TO, OR AS A ONSEQUENCE OF	-47		
TE SEE	Canditions, if any, which gave rise to immediate	(b) Advanced in	etastatic as	anocuremona of	line 1 yr
relia iojo		TO, OR AS A CONSEQUENCE OF		0	
DI SUBO		(c)			
to being	PART 2 OTHER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH BUT NO		AL DISEASE OR CONDITION GIVE	N IN PART Ita
71157	190 DATE OF OPERATION 196.	CONDITION FOR WHICH OPERATION V	VAS PERFORMED	20a AUTOPSY? 20b. IF YES,	WERE FINDINGS USED
2000	£				ING CAUSES OF DEATH?
記録の		TIME OF INJURY OUR A.M. MONTH DAY YEAR	1c. HOW INJURY OCCURRED	D (ENTER NATURE OF INJURY IN ITEM 18 PA	RT (OR PART 2)
19817	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 19			
102 5/	LAT M	PLACE OF INJURY OME, STREET, FACTORY, OFFICE, FARM, ETC.)	If LOCATION STREET	CITY OR TOWN	COUNTY STATE
1444	NOT WHILE AT WORK	COME, STATES, TACTORS, OFFICE, PARM, ETC.)	1 . 1	1	
A A A A A A A A A A A A A A A A A A A	220.1 certify that 💢 (this hospital) atten		26 19 86	, to 8/28	9 80 , that (K(we) last
29.50	saw the deceased alive an 300 abave, (Ne) (did) (did) (for) view th		hat in (n) (aur) apınıan de	ath accurred an the date and haur	and from the causes stated
Part P	176. SQUITATINGS		GREE		221 DATE SIGNED
deto de constituir de constitu	300	7	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	8/28/84
FUNER old to d	22d FATSICIAN'S NAME THE OFFICE		ADDRESS 600 N	WOLFESTREET	0 11
0 2 4 6	Jose F. FER	NANdez .	John Hofker	is Oncology Center	Balto, Ha
5 2 2 3 2	23a BURIAL, CREMATION, REMOVAL 23b. DA	ATE 23c NAME OF CEM	ETERY OR CREMATORY	23d LOCATION	
	BURIAL 8-	30-1986 PARKU	m22 000	PARKV.WS	BALTO MO
MH - 16 60M 7/84	24 FUNERAL DIRECTOR	2800 HARFOR	250 DATE F	REC'D. BY REGISTRAR 256. REGISTE	RAR'S SIGNATURE
(VRA 15, 4)	EVANS CHAPSLO	FISMORIES R	DAO CEI	7 2 4000 / 6	

8-1-18

. 7

5 - 4

3.1

BP.

DHMH - 16 60M 7/B4 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2 2

8	1-	STATE REGISTRAR		DEPAI		ICATE OF DEA		REG. N	Ю.			
		CEASED NAME FIRST		MIDDLE		AST		20. DATE OF DEATH	MONIH	DAY YEAR	26 HOUR	
	(1176	Smul Smul	:6		ET	KINIT		Auc	7. 4	1986	8:15	AM
	3 SEX	(4 RACE	. /	5. DATE (YEAR	6. AGE (IN YEARS LAST BI	RTHDAY)	MONTHS DAYS	_	4 HRS
/	1	MAVE	anne	ASIAN	TAN	1.10.19	07	81	YRS			
1	7a BIF	OUNTRY	Th CITIZEN OF	WHAT COUNTR	Y? B. MARRIE	D NEVER MARI	RIED	BALTIMORE CITY				
		LITHUANIA	V.	LSA.	WIDOW				71m	_	474	MD.
0	/	BAVIEMORE	CHINOT IN SUC		in GEK	PATRICA HA	VISC +	120 USUAL OCCUPAT	ION DE WORKING L	17b. KIND (INDUSTRY	TOYS	SOR
1	130. S	ABYLAND BANT	OTHER INSTITUTION TY IMORE	136 CITY OR IC BALT	ORE ADMISSION)	13d INSIDE CITY L	Second .	130 SLAD	é ziave	APT.	425 #2	21208
2		ISRAEL "	AIDDLE E	TKIND		15 MOTHER'S MA	RAH	E		K	ÄPLIUS	3
7		VAS DECEASED EVER IN U.S. ARA		166. SOCIAL SE		17 INFORMANT	MRS	MOLLIE W	EIS A	APT. 42	5	
	YE	S NO OR UNKNOWN) WWIII	ARMY	067-05	-5662	130 SLA		E. BALTO.		212		
		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY:		and ici		6			BETWEEN	OMSET AND D	EATH
			DUE TO, O	R AS A CONSEC	DUENCE OF							
	5	Conditions, if any, which gove rise to immediate	(b)		190							
		couse (a), stating the underlying cause lost	1	R AS A CONSEC	DUENCE OF							
		PART 2 OTHER SIGNIFICANT CO	ONDITIONS CO	ONTRIBUTING T	O DEATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEASE OR CON	IDITION GI	VEN IN PART 1	0	
	NO	DIABGTES M	ELLITI	4.5 . 5	ENVIUZ	benn &						
7	MEDICAL CERTIFICATION	198 DATE OF OPERATION	196 COND	ITION FOR WHI	CH OPERATIO	N WAS PERFORME	D	20a AUTOPSY?		S, WERE FINDS		12
	RTIF							YES NO	Y	ES 🗌	NO 🗆	
1	CE	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	216. TIME O	F INJURY M. MONTH	DAY YEAR	21c. HOW INJURY	YOCCURRE	D (ENTER NATURE OF IN)	RY IN ITEM 18	PART I OR PART 2)	1716	
	CAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	Ρ.		19						4.19	
	MED	214 INJURY OCCURRED WHILE NOT WHILE AL WORK	21e PLACE	OF INJURY REET, FACTORY OFFIC	E FARM ETC)	211 LOCATION STREET		CITY OR TO	Own	COUNTY	STA	ITE.
		22a t certify that 🎜 (this hospite	12711		00 1	24	9 87	_, to	74		that 🐙 (we	
		saw the deceased alive on abave, (**(we) (did) (did not	view the body	ofter death.) apinian de	eath accurred an the d	ate and ha			ed
		226 SIGNATURE	0	_		DEGREE ATTE	NDING	MEDICAL STA		776 DATE	SIGNED	21
4		224 PHYSICIAN'S NAME (TYPE OR	PRINTI			PHYS	SICIAN [DIRECTOR PHYSI	CIAN	-	778	6
		ESTRESITA	0. 4	111	mit	1. KVenlith	1/2 HT	60 m / 6%	110-10	in Co	TVTSTC	+
	23 o B	URIAL, CREMATION, REMOVAL	236 DATE	123	NAME OF C	EMETERY OR CREA	MATORY	123d LOCATION	artio	CAR	737	IFU
		BURIAL	AUG. 5			KODESH-BE	TH IS		TIMORI	E COUNTY M	ARYLAN	4p
	24 FU	INERAL DIRECTOR		6010 RE		OWN RD.	25a. DATE	REC'D. BY REGISTRAF	25b. REGIS	TRAR'S SIGNA	TURE ,	
	.5	DAME .	A Ross	BALTO:	, MD	21215	MIG	0 1986	2	and the	- Challe	

a			FOR		DEPART		E OF MAKTLAND EALTH AND MENTAL HYGI	IENE & 9	2 %	3	U
5/12	0	1.	REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO	o. —		7
					DDLE		AST		MONTH DA	Y YEAR	26 HOUR A
DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REG. N REG. N LIDECEASED NAME LIDEC	8 29	2 86	4:30 M								
po e		3. SE	X	4. RACE	8			6. AGE (IN YEARS LAST BIR	_	UNDER I YEAR	IF UNDER 24 HRS
rsafi			M	13		MONT		65	YRS.	NIHS DAYS	HOURS MIN.
00	87)	7a. B	RTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF W	HAT COUNTRY?	8	NEVER MARRIED	9. BALTIMORE CITY O		FDEATH	
1	9//	3.0	CONIKT	US	14			. Poc	uto Ci	u	MD.
lied with	38	1		(IF NOT IN SUCH	FACILITY, GIVE STREET		OR OTHER INSTITUTION	TYPE OF WORK FOR MOST O	WORKING LIFE	INDUSTRY	F BUSINESS OR
PP	I ZL			OR OTHER INSTITUTION, G	IVE RESIDENCE BEFOR		1134 INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE	2121	6
hauld							YES NO	1455 bobr	AR GR	OUE ST	
	min.	14. F/		MIDDLE	LAST					1AS	1
du					-					Dix	on
	edico						17 INFORMANT	1ADDRE	SS DA	da	Crentain
rs.P	he a	· .	740				Lardyn 10	ung 142	110	APPRINT	- CA BA
hysic	t, t		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS				mani arroct			MANUA	MATE INTERVAL ONSET AND DEATH
bon rem	O O		IMMEDIA	ATE CAUSE (b).	arector	Millo	mang arres.			[Proceed	71000
endi	mot										45
TOVE TO TOVE	trou			(p)	gram	rusar	the 20h20			100	13
y the se rer crem	ther		couse (a), stoting the				en al-on-a			5/86	0
0 0 0	0 0		DART 2 OTHER CICANEICANIT			,		N. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		1 .	
hen to bu	, Jan	Z						INAL DISEASE OR CON	DIFION GIVEN	IN PART Ito	
mit. I	à n	¥	190 DATE OF OPERATION	196 CONDIT		-		20a AUTOPSY?	206. IF YES, V	WERE FINDIN	IGS USED
hos per	Sme	F	0	-				YES O NOT	IN CERTIFYI	NG CAUSES	OF DEATH?
	8 ~	SE SE	21a. ACCIDENT WAS UNDERLYING				21c. HOW INJURY OCCURR				
ol-tr	EM			CALL CONTRACTOR							
	2 /	BBC		21e. PLACE O	FINJURY					c Outside	
the the	e d	¥	WHILE NOT WHILE	(AT HOME, STREE	T, FACTORY, OFFICE,	FARM, ETC)	STREET	CHYORTO	WN	COUNTY	STATE
se os	a a	15		oital) ottended the	deceased Irom_	912	186 19	, to 8/28	19	86	that (I) (we) last
OF P	21 is					10.0	nd that in (my) (our) apinian o	leath accurred an the do	ate and hour o		
REC led f	E			at] view the body a	fter death.	-				22c DATE	
0 0	±		Katharine	Siltar	ism	MD.	ATTENDING PHYSICIAN	MEDICAL STAF	FIANT	8/28	186
be d Sto	Z I		224 PHYSICIAN'S NAME (TYPE	OR PRINT)	1		1220 ADDDESS				
P FUI	POR		KATHARINE	S. HAR	IZISON		Universitu	1 Hospilal	21201		
543		23a (CRECIEUS	1	2,3c)	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE
	_		Burial	9/2/86	Md	Nation	al Memorial Park		7	"cumils	Md
- 16 60M	7/84							* CO	258. REGISTRA	R'S SIGNAY	
(VRA 15, 4)			March Funeral Home	West 4300	Wabash Av	enue	SF	2 1966	100		

take hakka that he igig so

Maryland H.N.A.

er intest to tremit -. ref

Artis .rvA brough 511g r expendately

salam H. dyang, it. caris

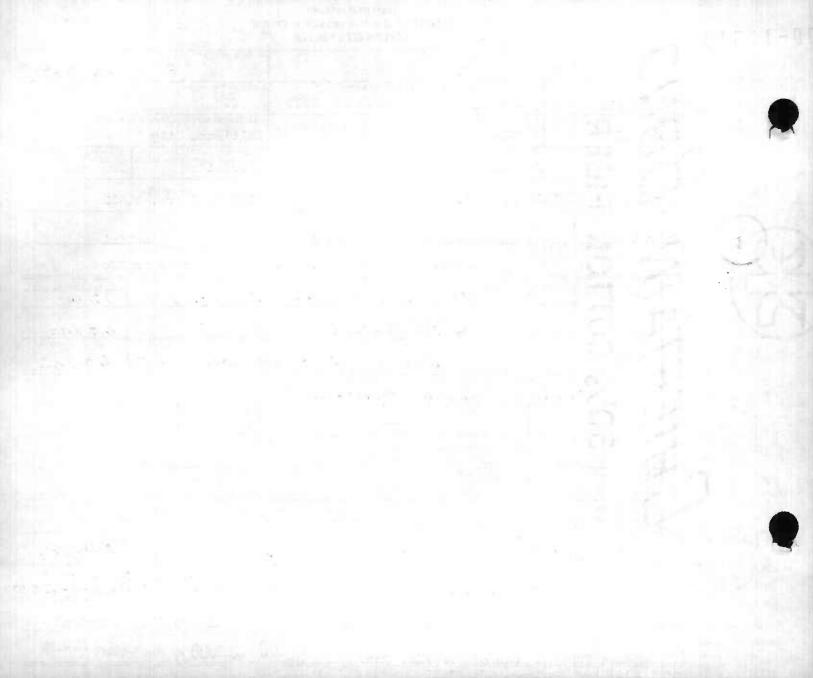
Tes WE IX _14-10-100 William Events Er. Lame on W 130

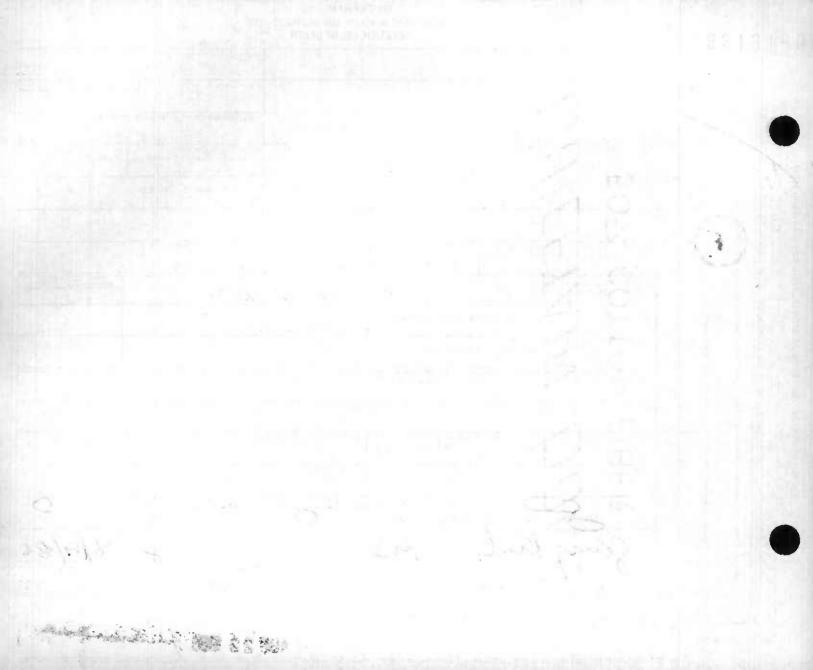
in the second of the second

huniques seronitiell

Laurent J. Book, Inc. Bultimore, Md.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME MIDDLE 2ª DATE OF DEATH MONTH 2h HOUR (TYPE OR PRINT) MARY P. EWING 86 0600 4 deot 4. RACE 3 SEX 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 1920 March 28 CAUC 66 Female To BIRTHPLACE I STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland USA Baltimore City WIDOWED DIVORCED [ID. CITY OR TOWN OF DEATH IJ. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 12h KIND OF BUSINESS OR Francis Scott Key Medical Center TYPE OF WORK FOR MOST OF WORKING LIFE HOUSEWIFE INDUSTRY Baltimore Own Home Baltimore Ft. Howard 9315 Todd Ave. 21052 13d. INSIDE CITY LIMITS? Maryland YES [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME EIRST MIDDLE FIRST LAST Salvatore Benvenga Antoinette Caliri 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT (IE YES GIVE WAR OR DATES) 219-03-4415 John W. Ewing same as 13e No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY. CEREBROVASCULAR ACCIDENT 12 HRS IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF HYPER TENSION Conditions, if ony, which gove rise to immediate couse (o), stating underlying couse lost. GLOMERGLONEPHRITIS PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION 90 DATE OF OPERATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO F 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 214 IN JURY OCCURRED 21s PLACE OF INJURY 211 LOCATION CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE 22a I certify that (1) (this hospital) attended the deceased from. _, and that in (my) (our) opinion death accurred on the date and hour and from the causes stated obove (th (we) (did) (did not) view the bady ofter death DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF FUNERAL old be deta PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 224 PHYSICIAN'S NAME TYPE OF PRINT Beaver Brook Lane Andrew Whelton 23a. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b. DATE 23d LOCATION (SPECIFY) CITY OR TOWN Burial 8-4-86 Oak Lawn Cemetery Baltimore City Maryland 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/B4 (VRA 15, 4) Duda Ruck Funeral Home of Dundalk, Inc TOOK TILL BELL BELL MA COOK





STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE MEDICAL EXAMINER'S CERTIFIC REGISTRAR REG. NO DECEASED NAME KNOWN X 2a. DATE 26 HOUR TTYPE OR PRINT! OF ESTI-DEATH MATED Alfred Falthzik 11/19 86 CESSARY, PLEASI JERAL DIRECTOR DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE 1 9008 FUNERAL DIRECT S FOR YOUR H PRONOUNCED Male Caucasian Feb. 23, 1935 DEAD 11/19 86 THPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED XXIEVER MARRIED OREIGN COUNTRY United States Massachusetts WIDOWED DIVORCED Baltimore City. ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Associate Dean of Business Univ. Balt. Maryland General Hospital UAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Montgomery Silver Springes 14200 Sturtevan 201 W. PRESTON ST., BALTIMORE, MD. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Celia Irving Falthzik Bronstein 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS IYES, NO, OR UNKNOWN (IF YES, GIVE WAR OR DATES! 26 6432 No N/A Elizabeth Falthzik same as 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Arteriosclerotic Cardiovascular Disease IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate couse (a) stoting the under DUE TO, OR AS A CONSEQUENCE OF SED AS A BURIAL-HEALTH AND MEI AL, CREMATION, C BURIAL lying cause last. DIVISION OF VITAL RECORDS. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID CERTIFICATION Poliomyelitis USED AS 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? THE CHIEF DEPARTMENT NO V 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 21 FORWARDED TO THE HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME, 21d INJURY OCCURRED 21f LOCATION STREET, FACTORY, FARM, ETC.I. STREET CITY OR TOWN WHILE AT WORK COUNTY STATE TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR. PAGE 4 SHOULD BE FORWARI TO FUNER LINECTOR: PATER DEATH, WITH THE STATE BALLTIMORE, MARYLAND, 2120 220. I certify that I took charge of the remains described above, held on Autopsy Inspection Inquiry death resulted fram: Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER SIGNATURE 8/12/86 EXAMINER'S NAME Gregory R. Kauffman, M.D. ADDRESS (TYPE OR PRINT 230 BRILL GRENTION, REMOVAL 2A BASE 3, 1986 36 NAME OF CEMETERY OR CREMATORY Judean Memorial Parkerro Ofney, Mary land STATE 07/84 14 FUNERAL DIRECTOR VESTPEACHOR FUNERAL 22026 25M 250. DATE REC'D. BY REGISTRAR 1255 REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5))

edeate Staff

The state of the s

STATE OF SECULOR

1000

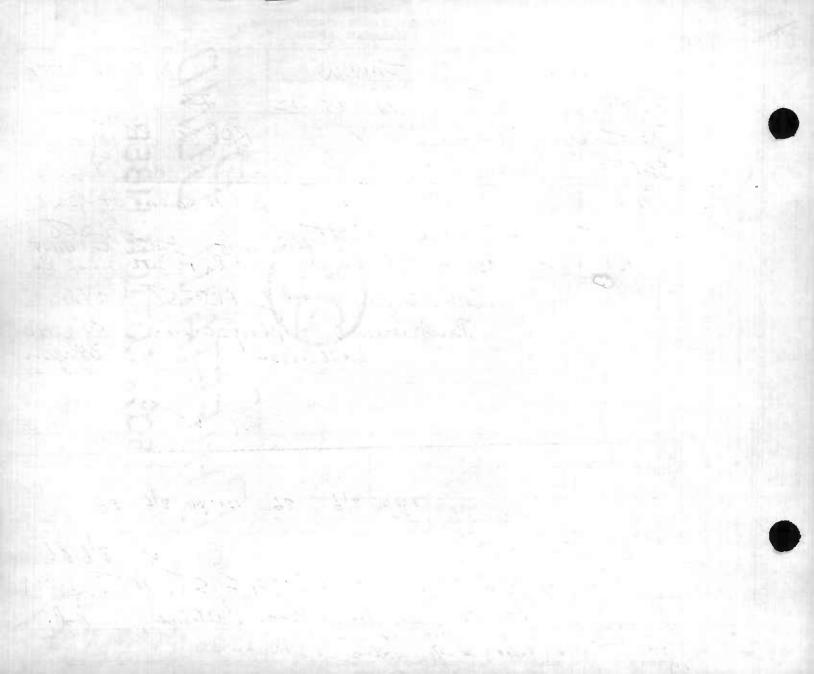
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 20 DATE OF DEATH 26 HOUR UNDER 1 YEAR IF UNDER 24 HIS & AGE (IN YEARS LAST BIRTHDAY) MONTH DAY YEAR BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED [12b. KIND OF BUSINESS OR 13e STREET ADDRESS / ZIP CODE INSIDE CRY LIMITS? merger IS MOTHER'S MAIDEN NAME -IDDIE JA, INFORMAN mon MONBR

REGISTRAR DECEASED NAME FIRST (TYPE OR PRINT) SEX 4 RACE 76 CITIZEN OF WHAT COUNTRY? I STATE OR FOREIGN 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION 130 STATE GIVE READENCE SEFORE ADMISSION) 136 COUNTY A. FATHER NAME MIDDLE 16b. SOCIAL SECURITY NO IN WAS DECEASED EVER IN U.S. ARMED FORCES? THE HOOM AND WANT I (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0), Canditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CAT 206 IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? N CERTIFYING CAUSES OF DEATH? NOP YES | NO | 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 214 INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY COUNTY CITY OR TOWN STATE STREET (AT HOME STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from 1150 Aux that (I) (we) last 19 86 Maric law the deceased alive an_ and that in (my) (aur) opinian deoth occurred on the date and hou and from the couses stated 776 SIGNARIAN DEGREE 220 DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 734 PHYSIC 2120 230 BURIAL, CREMATION, REMOVAL 23h DATE NAME OF COMETERY OR CREMA COUNTY

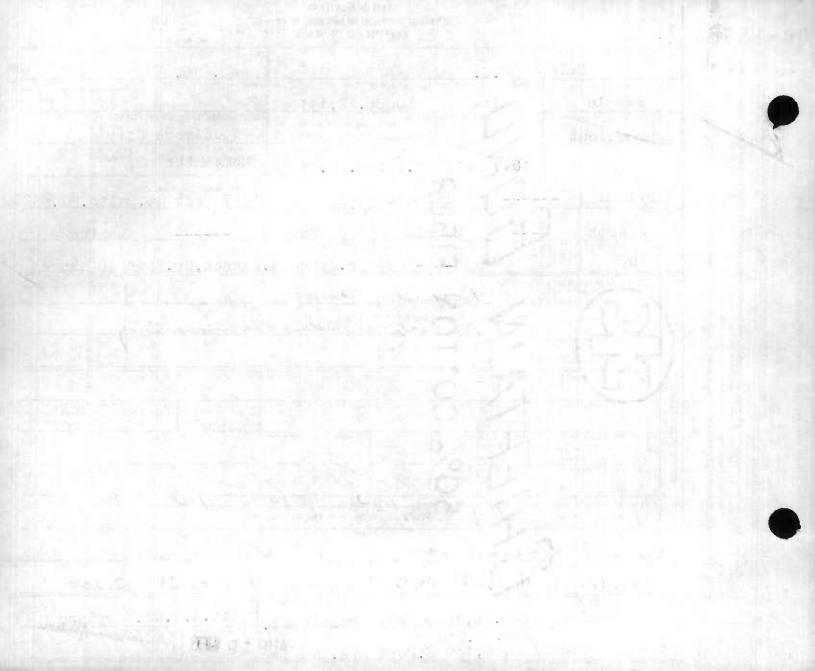
DHMH - 16 60M 7/84 (VRA 15, 4)

I FUNERAL DIRECTOR

FOR - STATE



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE & - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 2n DATE OF DEATH L DECEASED NAME MONTH 76 HOUR (TYPE OR PRINT) Helen Fannon 16 3 SEX 4 RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS White Female Sept.12 . 1916 TO BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA Baltimore City Connecticut WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR Homemaker working LIFE) INDUSTRY Baltimore St.Balto.Md.2123 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI 134 INSIDE CITY LIMITS? 13b COUNTY 13c CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE Maryland Baltimore Belt St. Balto . Md . 21230 NO 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDDLE Joseph Barris Mary Euaninske 16b. SOCIAL SECURITY NO 17 INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NOOR UNKNOWN) LIF YES, GIVE WAR OR DATEST 218-03-3094 Mr. James E. Fannon, Sr. Same as above APPROXIMATE INTERVAL PART I. DEATH WAS CAUSED BY: Kesperator IMMEDIATE CAUSE to). adens carcinoma Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 IFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 90 DATE OF OPERATION 200 AUTOPSY? 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NOF CERT 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21e PLACE OF INJURY 21f LOCATION 71d INJURY OCCURRED ö CITY OR TOWN COUNTY STATE AT HOME STREET FACTORY, OFFICE FARM ETC ! NOT WHILE 22a. I certify that (1) (this hospital) attended the deceased from DIRECTOR sow the deceased alive on above, #1) (we) (did) (did not) view the body after death. and that in (my) (our) apinion death accurred on the date and hour and from the causes stated 27 SIGNATURE DEGREE 22¢ DATE SIGNED ATTENDING ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN should be deto MPORTANT 72e ADDRESS Charles St. M.D. Howard 16100 5. 23¢ NAME OF CEMETERY OR CREMATORY 23e BURIAL, CREMATION, REMOVAL Burial Balto.A.A.Co.Mary Aug. 20, 1986 Holy Cross Cemt 256. DATE REC'D. BY REGISTRAR 251 REGISTRAR SIST Balto.Md.21230 DHMH - 16 60M 7/84 Funeral Home. 130 R. Fort (VRA 15, 4)



00-81793 STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20. DATE OF DEATH EIRST 2b. HOUR LTYPE OR PRINTI PHYLLIS Fansler 86 3. SEX 4 RACE S DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH VEAD Pemale Estate OR FOREIGN White 9. BALTIMORE CITY OR COUNTY OF DEATH Ja BIRTHPLACE MARRIED NEVER MARRIED COUNTRY Balto. City Maryland WIDOWEDX DIVORCED ID. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Balto. Camberly Circle Secretary USUAL RESIDENCE (IF MURSING MOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 135 COLINTY 136, CITY OR TOWN 13e. STATE 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? 21204 Circle Balto. Md. YES [NO [Camberly 7-5 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Russell Welsh Clarence Dixon Jessie 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 728 Camberly Circle (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Balto., Md. 214-03-2830 Ms. Doris Russell No APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY arteriaselevetic Cardiarancula DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o), stoting the DUE TO OR AS A CONSEQUENCE OF underlying couse last. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 90 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION COUNTY STATE CITY OR TOWN AT HOME STREET, FACTORY OFFICE FARM ETC I NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from, sow the deceased alive on State of above, (1) (was) (did) (did not) view the body after death and that in (my) (our) apinion death occurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22e ADDRESS should be with the LOCH RAVEN BLUD 23b. DATE 23a BURIAL CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) CITY OR TOWN STATE BP. Removal 8-16-86 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 50M 4/82 AUG 271986 Julia Divideon Pondose Anatomy Board Balto., Md. (VRA 15, 4)

			Ce	ert. amended by	M.E. 10)/11/86 d	ad STAT	OF MARYLAND		0	3 8
			1.	FOR STATE		DEPART		EALTH AND MENTAL HYG	IENE 2	La da	7 4
nn-	1683	22		REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO		
U, U	. nf) [OR PRINT) HYMAN		MIDDLE		FARBER	AUGUST 3		YEAR 26 HOUR 9:554 M
	poge er deo		3. SE	(4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIRT	HDAY) IF (UNDER 1 YEAR FUNDER 24 HRS
	Poge 4 director	41		MALE	WHITE		12.00	AY 15,1891°	95	YRS	THS DAYS HOURS MIN.
	eoth.	ot one	7a. BI	RTHPLACE (STATE OR FOREIGN COUNTRY) LITHUANIA	USA	WHAT COUNTRY?	8. MARRIE WIDOWE	NEVER MARRIED	BALTIMORE CITY O		F DEATH MD.
	s offer di	Political		TY OR TOWN OF DEATH BALTIMORE		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPATR	ON WORKING LIFE)	126. KIND OF BUSINESS OR
ND 212	24 hour	must be	USU. 130 S	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION	BALTIMO		13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / 5900 PARK H	ZIP CODE HEIGHTS	(21215) AVE, #516
MARYLA	mpletely	exd m in	14 FA	THER'S NAME FIRST unknown	MIDDLE	Farber		15 MOTHER'S MAIDEN NA			LAST
IMORE,	n ond for	medicol		VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU 212-01-		17 INFORMANT RACHEL SARA	A FARBER S		RK HEIGHTS AVE
T., BALT	physicio npopers movol.	vent, the		18 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUSE	nly one cause per D BY: TE CAUSE (o)	line for ial, (b), on	ulm	many an	est		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
STONS	tending ve corbo	umotic e	7	Conditions, if ony, which		RAS A CONSEQUE	ENCE OF	chymel (erebral.	scend	5 days
W. PRE	by the o	other tro		gove rise to immediate couse (a), stating the underlying couse last	DUE TO, O			l hemater			5 days
DS, 201	signed hen plea	njury, or	N C	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN	IN PART 1(o
AL RECOR	he low re ion. hos been t permit. I	ows ony ir	CERTIFICATION	8/25/86		den al k	OPERATION OF COLOR	N WAS PERFORMED	YES NO X		VERE FINDINGS USED NG CAUSES OF DEATH?
OF VIT.	G Physici ertificate iol-transi	lem 18 sh		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.	OF INJURY M. MONTH D.	AY YEAR	21¢ HOW INJURY OCCUR	fell & st:		
VISION	G PHYS offendin ter this c s the bur	rkedor	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	LAT HOME ST	OF INJURY REET, FACTORY, OFFICE F	FARM, ETC.)	5900 Park	trishs live	BAC	COUNTY MD STATE
	TTENDIN or to the of th	21 is mo		27a 1 certify that (I) (this hasp sow the deceased alive or above, (I) (we) did (did no	13/-	NO. A.	86.0	nd that in (my) (our) opinion	death accurred on the do	0, 19.	86, that (I) (we) lost and from the causes stated
	the hosp L DIREC	\$30		226. SIGNATURE	· · ·	Cert. app	roved	A / / ATTENDING	On MEDICAL STAF	FIAND	22c. DATE SIGNED 8/30/87
8.4	HOSPITA forned by FUNERA hould be do	MPORTANI		22d. PHYSICIAN'S NAME (TYPE OF DA	V/5			Sinai Hosp.	4 Baltino	e	10(00)
-	0 g 0 g 3	3	23a E	BURIAL, CREMATION, REMOVAL	23b. DATE	23()	NAME OF C	EMETERY OR CREMATORY	236 LOCATION		
	BP			BURTAL	9-1-8	86 FO	RBAND		ROSEDALE	, BALTO	O., MD.
	DHMH - 16 60M	7/84	24 F	NAME SOL LE	VINSON	E BROS	TANK TANK	25a DAT	E REC'D. BY REGISTRAR	256 REGISTRA	R'S SIGNATURE
	(VRA 15, 4		(5010 REISTERSTO	WN RD.	BALTIMORE	, MD.	(21215) S	EP 3 1986	Jake De	widson-Randall

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a. DATE OF DEATH MONTH DAY 26 HOUR (TYPE OR PRINT) C. M. GLADYS FARR 5. DATE OF BIRTH 1986 4 RACE 3. SEX & AGE (IN YEARS LAST BIRTHDAY) 30-1906 To BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED BALTIMORE CITY MARYLAND WIDOWED DIVORCED T 10 CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BAL TIMORE HOSP. CORPI CLERICAL RAILROAD USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130.STREET ADDRESS / ZIP CODE 13a STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? BALTO. 522 N. MILTON AVE. 21205 YES X 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLEBROWN MARGARET ETHBER ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Pu Mr. Um. J. Farr. 522 N. MILTON AVE. (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I, DEATH WAS CAUSED BY. CARDIOPULMONARY ARREST IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF CHRONIC CONGESTIVE HEART FAILURE Canditions, if ony, which gove rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse last ATHEROSCLEROTIC CARDIOVASCULAR DISEASE PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO YES [210. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER NOTIFY MEDICAL EXAMINER 19 211 LOCATION 21d INJURY OCCURRED 21a PLACE OF INJURY CITY OF TOWN COUNTY STATE (AT HOME STREET FACTORY, OFFICE, FARM, ETC.) NOT WHILE AUGUST 220 | certify that (1) (this hospital) attended the deceased from JUL 986 19 86 that (1) (we) last saw the deceased alive an_ and that in (my) (aur) apinian death occurred on the date and hour and from the couses stated abave, (1) (we) (did) (did nat) view the bady after death 22h SIGNATURE DEGREE 22c. DATE SIGNED DIRECTOR PHYSICIAN AUGUST 14 19 MPORTANT 224 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS CHURCH HOSPITAL CORP. CAROL S. TOO N 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b DATE STATE PARKWOOD BALTO. BURIAL 250. DATE REC'D. BY REGISTRAR 25h REGISTRAR'S SIGNATURE 24 EUNERAL DIRECTOR DHMH - 16 60M 7/84 (VRA 15, 4)

13 m 32 - 3 CANTINGS ELL. Business Charles Comment of the Comm SALAL SUR WORLD AVE TALLES LOGENCE AND THE RESERVE OF THE PROPERTY OF THE PARTY OF T

injury, or ather traumatic event, the medical

IMPORTANT: If them 21 is morked or them 18 shows any

FOR STATE STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2229

REGISTRAR			CERTIF	ICATE OF D	EAIR	REG. NO).			
		MIDDLE		LAST	1	0. DATE OF DEATH	MONTH DAY	YEAR 2	h HOUR	
	ANIEL	FAR	IEY				8 24	86	725 M	
3 SEX	4 RACE	- 711	5 DATE O		6	AGE (IN YEARS LAST BIRT			FUNDER 24 HRS	
DANTEL FARTEY DESCRIPTION Male Black Black Male Male Male Black Bl	HOURS MIN.									
	16 CITIZEN OF	WHAT COUNTRY?	8	D NEVER M	APPIED 7	BALTIMORE CITY O	COUNTY OF	HTASC	174.0	
	U.S.	Α.		V/		BALTIMO	E CITY	-	MD.	
10 CITY OR TOWN OF DEATH				OR OTHER INST		120 USUAL OCCUPATE	ON 12		BUSINESS OR	
BALTIMORE				PITAL				VUUSIKI		
USUAL RESIDENCE (IF NURSING HO 13a STATE 13b (130 CITY OR TOW	E ADMISSION)	1 13d INSIDE CI	TY LIMITS?	3e STREET ADDRESS /	ZIP CODE	Sec. 1		
Maryland		Baltimo	ore	1.0		1613 Enso	r Street	t 212	02	
14 FATHER'S NAME	WIDDLE	LAST					MANA	LAST		
						Moore	Harr			
160 WAS DECEASED EVER IN U.		166 SOCIAL SECU	JRITY NO.	17. INFORMAL	17	ADDRE	SS			
NO	S GIVE WAR ON DATES	252-28-	-7893	Doroth	y L. Hi	ghsmith 16	10 N. Be	ethel	Street	
18 CAUSE OF DEATH (Ent	er anly ane couse pe	r line for (o), (b), on	nd Ic I +	THE RES				APPROXIMA BETWEEN ON	TE INTERVAL SET AND DEATH	
		card	cac	arrest	100		1.840			
		NO 32MOD A 2A G	ENICE TOE	, ,		1 3/ 13 - 13	11 2 7			
Conditions if any which	Conditions if any which I progressive hyps fews in									
gove rise to immedia	e)	-		-/-					10.3	
		R AS A CONSEOU	ENCE OF				CALLE			
DART 2 OTHER CICALIERC	(c)_	ONTRIBUTING TO	DE A THI BLIT	NOT DELATED	TO THE TERMIN	LAL DIEFASE OR CONE	ITION CHIEN IN	10407.1		
Z Ventila						NAL DISEASE OR CONL	HION GIVEN IN	V PARI IIG		
190 DATE OF OPERATION						20e AUTOPSY?	206 IF YES WE	RE FINDING	SUSED	
PIC							IN CERTIFYING	G CAUSES OF	F DEATH?	
210 ACCIDENT WAS UNDERLYIN	G 7 216 TIME C	OF INTURY		71r HOW IN	LIRY OCCUPRE	120 1			NO 🗌	
	110110 1		AY YEAR	10000000	OK I OCCORNE	O LEWIER NATURE OF INJUR	INTER IS PARTIC	JR PART 2)		
(IF EITHER NOTIFY MEDICAL EXA			19	211 LOCATIO	N)					
WHILE TO NOT WHILE T			FARM, ETC)	STREET		CITY OR TON	/N (YTHUOS	STATE	
AI WORK			Our	2 1	96	7	1.4	07		
			0 1		. 17	. 10				
abave (1) we Hold Id	d not view the bady	alter death			oor) opinion de	arn accurred an the do				
7.1	= 110	1			TENDING	MEDICAL STAF				
		Samel		Р	HYSICIAN			8/29	1186	
224 PHYSICIAN'S NAME	TYPE OR PRINT)			22e ADDRESS						
PATRI	CK G. OD	NIEL		UNI	ON MEMOR	RIAL HOSPIT	AL			
	OVAL 236. DATE	23c 1	NAME OF C	EMETERY OR C	REMATORY	23d LOCATION		INTY	STATE	
BURIAL	8/27	/86 Mc	ount (Calvary	Cemeter	y Anne Aru	ndel Co	,	Md. STATE	
24 FLINERAL DIRECTOR					750 DATE	PECID BY PECISTRADI	SI DECISTO ON	CEICNIATA	1.00	

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

March Funeral Homes 1101 East North Avenue

TENDER MENT

BIOHOUSE

CANADARON NEEDSCHIEF NOMER

TOELT

AMERICAN SUSSMENT TODAY - CONC. A MONEY

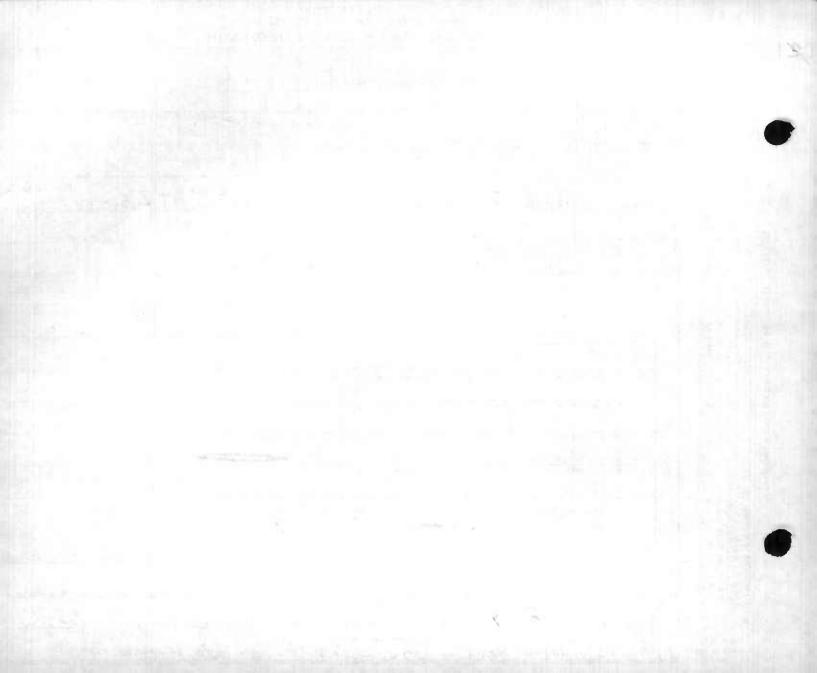
The first was a state of the same

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME 2a DATE OF DEATH MONTH 2h HOUR (TYPE OR PRINT) 25 -3/ Farrell Leo 3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF LINDED I VEAD IF LINDER 24 HRS MONTH YEAR Male White TO BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH TE CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED COUNTRY Maryland USA Baltimore City WIDOWED DIVORCED | HEAVE PETESPITE HISTORY BOME OF OFFICE INSTITUTION O CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Baltimore 1000 S. Caton Ave. Bookkeeper Beth. Steel BALTIMORE, MARYLAND 2120 SUAL RESIDENCE (IF NURSING NOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3a STATE COUNTY 13e STREET ADDRESS 3c CITY OR TOWN 13d INSIDE CITY LIMITS? Baltimore Maryland 411 Wheaton Place, Caton House Catonsville FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE John T. Farrell Katherine DeBoy 160 WAS DECEASED EVER IN U.S. ARMED FORCES 66 SOCIAL SECURITY NO 17 INFORMANT ADDRESS YES, NO OR UNKNOWN (IF YES, GIVE WAR OR DATES) 214-20-5964 Ferdinand Farrell, 979 Regina Drive, 21227 NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY ONDESTIVE HEART FAILURE DAX PRESTON ST., IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF ASCVI Conditions, if ony, which gave rise to immediate cause iai, stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NON NO 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE 220.1 certify that w (this hospital) attended the deceased from 3/ saw the deceased olive on abave, (1) (we) (did) (did wise the bady after death and that in (num (aur) opinion death accurred on the date and hour and from the causes stated 226. SIGNATUR DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22e ADDRESS 1000 S. CATON AVE ZIZZG 230 BURIAL, CREMATION, REMOVAL 23b DATE 231. NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN COUNTY 9/3/86 New Cathedral Cem. Baltimore Maryland Burial 24. FUNERAL DIRECTOR BY REGISTRAR 256, REGISTRAR'S SIGNATURE 25a. DATE REC'D. DHMH - 16 50M 1/76 (VR A 15 (4)) Hubbard Funeral Home, Inc., 4107 Wilkens Ave.

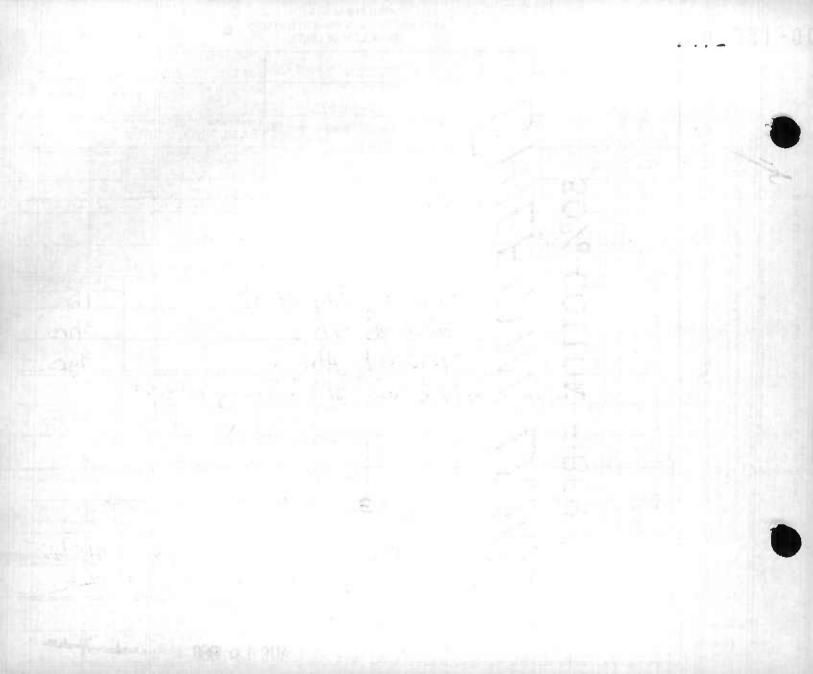
13712-0

L. Comman

				2 Lc, 22 FOR STATE	a,FilmG	619 9/	20/86 DEPARTM	k STAT	EALTH AN	ND MENTA	2.0	3	2	3 0	2	
AV 1	_			REGISTRAR		ME	EDICAL E	XAMINI	R'S CER	TIFICATE	OF DEA	TH "	REG. NO.	0,		
E	6	166		LASED NAME	FIRST	3-1-1-1	WIDDLE		LAST			2a DATE KI	NOWN X	MONTH D	AY YEAR	Zb. HOUR
, , , ,		8242-	(TYP	OR PRINT)	DONTIA				FAR	ROW	1 37	OF DEATH A	ESII.		5 1986	
		4655A	3.583	[4.		DATE OF BIRTH	+	6. AGE (IN YEAR			DER 24 HRS.	2c. DATE	A		DAY YEAR	2d. HOUR
		五 五 五 五 五 五 五 五 五 五 五 五 五 五 五 五 五 五 五	An	- la 1	71-11	MONTH DAY	YEAR	LAST BIRTHDAY	MONTHS	DAYS HOURS		PRONOUNC	ED			4:58 PM
	1	80020	1	9/4/) (ach	Ma-5		2 YR				DEAD			5 1986	PM
-		BAREWAL		REIGN COUNTRY)	1	L CITIZEN OF W	VHAT COUNT	RY?	MARRIED	NEVER MA	ARRIED E	BALTIMO	RE CITY OR	COUNTY	OF DEATH	
		25 E		MI	d.	· U.	5.	15.0	WIDOWED	□ DIV	DRCED [Balti	more C	ity		MD
660		の単級日	0 CI	TY OR TOWN OF	DEATH	I NAME OF HO		SING HOME,	OR OTHER I	NSTITUTION		JAL OCCUPA	TION (TYPE OF			
	- 6	るとなると	1	Baltimon	0	Johns	Honk in		ital		FOR	MOST OF WORKIN	NG LIFE)		OR INDUST	KY
Je555	-	BENDE		L RESIDENCE (IF		OTHER INSTITUTION,			4)						RI.	ledale
100	20	を見る意思がか	13a. S	TATE	1) OUNTY	1 - 1	101	DRTOWN		INSIDE CITY LIMIT	13e STR	EET ADDRES	シナア	7		
- 10	7	23.33	1	rjd.	Dorch	162/6~	Mho	de dal		ES NO		. 0 /	11-	BOX.	231 M	a.
	Ä.	E-204/9/	14. FA	THER'S NAME		MIDDLE	L.	AST	15.	MOTHER'S MA	AIDEN NAME	MIDI	DIE	_	LAST	,1637
-	2	ARESOLUL	1	= 0 ~ 1		- 15	ane			Mis	che/1		R.	tar	rou	,
	WO	DESCRIPTION D		AS DECEASED E	VER IN U.S. ARME		16b SOCI	AL SECURITY	NO. 17. I	INFORMANT			ADDRESS			
	ET	F A . R. R. S.		S, NO, OR DINKNOWN	(IF TES, GIVE WA	R OR DATES)				TYCR	Farma	(4.)				
	3	80 5 5 5		18 CALISE OF	EATH (Enter only	one soure ser lie	o for (a) (b)	and (a))	19	7	1 com	<u> </u>		-	APPROXIMAT	EINTERVAL
	15	00000		PARTIDEAT	H WAS CALISED P	IV.			2	7 /1	,			-	APPROXIMATI BETWEEN ONSE	T AND DE ATH
	NO	A PROPER	-9	10 PM	IMMEDIATE	CAUSE (o)				lead in	andgun			-		
	151	ZZZZZZ	1			DUE TO, O	R AS A CONS	SEQUENCEO	F							
	200	E S & S & S E			if ony, which to immediate	(b)										
	*	338EE			oting the under-	<	R AS A CONS	EQUENCE O								
	101	ZAZAZ		lying couse	lost.	1								17		
	S	01,7526	100	PART 2 OTHER CICHE	FICANI CONDITIONS COI	VERNETTING TO OF AT	U GUT HOT BELAT	20 70 700 7000	11 04545 00 4							
	ORC	NADATS	z	PART 2 OTHER SIGNI	TICARI CUNDITIONS COI	NIKIBUTING TO UEAT	U BOL MOL KELAL	EU IU INE IERMII	AL DIZEAZE OK (CONDITION GIVEN I	N PART 1 d.					
	200	- GARAGE	FICATION	4												
	=	3 #814 /	13	9a. DATE OF O	PERATION	196 COND	ITION FOR W	HICH OPERA	TION WAS F	PERFORMED?				1	AUTOPSY	!
	E.	183358/	E	100										2.90	YES 🔀	NO 🗌
	*	HAT BUT	H	2) a EXTERNAL	AUSE WAS	216. TIME C	OF INJURY		21c. HOW	INJURY OCCU	RRED (ENTER I	NATURE OF INJUR	RY IN ITEM 18 PAR	T I OR PART 2		
	Z	OF SEE	1	UNDERLYING	CAUSE OF DE	HOUR X	ME MONTH	- 1986	Subi	ect és	-i-i-	illu c	hot			
	Sio	E S X X S	岩	21d. INJURY OC			OF INJURY		711 LOCAT			ANT S	noc.			
	2	BEREE	ME.			STREET, FA	CTORY, FARM, ETG		STREET			CITY OR TOWN	٧	COUNTY		STATE
		A A A A A A A A A A A A A A A A A A A	1	AT WORK	NOT WHILE X	ho	use		RFD #	1, Box	231,	Rhode	sdale,	Dorc	hester	, MD
		E STE		22g Loertify t	hat I took Though	of the remains de	escribed obe	e held on	Autopsy [X Inspe	ction .	Inquiry	ond	n my opinio	20	
		#DE DES		death resulted	/ / /		1	VI		Homicide	4	ermined man		ii iiiy opiine	711	
		A SHEET A		death resulted	Trong Jigaturai	couses 121.	1/00	, 3010	ide L.J.	_		erminea man	ner,			
		\$5555W	100	ACTUAL	1 /Ask	1	KINY	Y		TITLE (SPECIFY				DATE	0 00	0.0
		4 # 5 8 5 # 7	1	SIGNATURE	Charle.	1 1)0		M.D	Assist	ant_MED	ICAL EXAMIN	NER	SIGNED_	8-26-	.80
	1 9	MA SERVICE	V	EXAMINER'S NA	ME Charl	es P. K	droc	M D		11:	Donn	C+	Balto.	MĎ	21201	
		¥3×2¢€		TYPE OR PRINT	CHALI	.ез г. "	ones,	ri.D.	ADD	RESS	r reini	UL.,	barto.	, 110	21201	
	-	588588	23a. B	IRIAL, CREMATIC	N, REMOVAL 236	DAJE 1	23c. N	AME OF CEM	ETERY OR CR	REMATORY	23d LC	CATION		COUNTY	1	LATE /
- Pri	7784	no.	1 %	30000	1	1/ -/	76 Rie	de F.	ove. C	0 40 0	2:	1 //	ove)	10000	J. "	ind
	M	Dr	24 FI	INERAL DIRECTO	OR .		-	0/1	1/20		TE REC'D. BY		256 REGISTI	RAR'S SIGN	NATURE	101
		DHMH - 17	1.	NAME	+ F	ADDRES		ampr	1495	3 AU		000	ha Day			
		(VR A15 ME (5))	0/	enda	14445	al Home	٧	Ma.	2161-	2 MO	040	300 d	- www	HODY-I	- In-dian	



DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH OAY VE/ HEATHER M FARUOL AUGUST 15, 1986 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE IN YEARS LAST BIRTHDAY) IF UNDER 1.	0 3
1. DECEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH ON YEAR LAST TYPE OR PRINT) HEATHER M FARUOL AUGUST 15, 1986 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE [IN YEARS LAST BIRTHDAY] IF UNDER 1.	
HEATHER M FARUOL AUGUST 15, 1986 3. SEX RACE S. DATE OF BIRTH 6. AGE IN YEARS LAST BIRTHDAY) FUNDER 1.	AR 26 HOUR
E 4 S. SEX 4 RACE S. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) FUNDER IN	2:25 M
MONTH DAY YEAR MONTHS D	YEAR IF UNDER 24 HRS
Female White 12-8-1975 10 YRS.	
76. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NAMED	Н
Shiraz, Iran U.S.A. WIDOWED DIVORCED BALTIMORE CITY	MD.
10. CITY OR TOWN OF DEATH BALTIMORE 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION JENGTINS HOPKINS HOSPITAL 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUS Student	ND OF BUSINESS OR STRY
USUAL RESIDENCE IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. CITY OR TOWN 136. INSIDE CITY LIMITS? 138. STREET ADDRESS / ZIP CODE 1836 Edgewood Road—2 14. FATHER'S NAME 14. FATHER'S NAME	21234
Dennis M. Faruol	LAST
ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (YES, NO OR UNKNOWN) NO NO NO NO NO NO NO NO NO	
Dennis M. Faruol - 1836 Edgewood I	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CAY (10 (CS)) VATAY GY/15	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
DUE TO, OR AS A CONSEQUENCE OF SP 5 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	3hrs.
SOUNT OF STATE OF THE STATE OF THE PRISON OF OF STATE OF THE PRISON OF THE PRI	gars.
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS GIVEN IN PART SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS GIVEN IN PART SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS GIVEN IN PART SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS GIVEN IN PART SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTIONS CONTR	RT 1(o·
SIR FINTEN RECEIVED WITH RESERVED 200 AND PRESTREE IN CERTIFYING CALL YES NO YES OF THE PROPERTY OF THE PROPE	
YES NO YES OF THE NOTIFY MEDICAL EXAMINER) YES NO YES OF THE NOTIFY MEDICAL EXAMINER P.M. 19 216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTIFT MEDICAL EXAMINER P.M. 19 216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTION	
ON CONTRIBUTING CALEXAMINER) 19 10 10 10 10 10 10 10 10 10	TY STATE
220.1 certify that (1) (this hospital) ottended the deceased from 19 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10	, mar (ii (we) last
0 0 0 0 0	BIS 86
ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICI	Nolfe
236. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OF LOWN COUNTY	STATE
BP Burial 8-18-86 Immanuel Lutheran Cem. Baltimore, N	Md.
DHMH-16 60M 7/84 (VRA 15, 4) The funeral director appress for the first of the fi	-Aandelle



	1					STAT	E OF MARYLAND					
10-16613	1 -	FOR STATE REGISTRAR			DEI		HEALTH AND MENT FICATE OF DEAT	4.4	REG. N	2 2	3 0	4
m.s		CEASED NAME		wune	MIDDLE M	vetja	AST Faulsti	ich 20	DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR
moy be poge 3		Caro		e		#0600bb	bbbbbbbb		8-	76-	86	10 AM
ge 4 mc	3 SE	Fema	1	RACE	te	S. DATE	of BIRTH		AGE (IN YEARS LAST BI	YRS.		HOURS MIN.
nerol dr. 72 hou		RTHPLACE (STATE ORFO	DREIGN 71	USF	HAT COU	NTRY? B. XXXXXII	NEVER MARR	HED A	BALTIMORE CITY S	tume	OF DEATH	1 MD.
of with		TY OR TOWN OF DEAT	TH T	(IF NOT IN SUC		STREET ADDRESS)	OR OTHER INSTITUTI		RETURED	ION	12b. KIND OF INDUSTRY,	SUSINESS OR
VD 1124	USU/ 13a. S	AL RESIDENCE LIF NURSIN	HOME OR O	THER INSTITUTION	GIVE RESIDENCE	BEFORE ADMISSION		IMITS? 13	706 South	Highla		- 0
thin thin	14. FA	THER'S NAME		191			15 MOTHER'S MAI	IDEN NAME				41241
MAR bed w	1	Herry	MI	DDLE	Fau	Istich	Kath	rarine	MIDDLE	81	sesser	
Secution of the secution of th		VAS DECEASED EVER I		ED FORCES?	16b. SOCIA	SECURITY NO.	17 INFORMANT		ADDR		M->L	
be exected on and rs. Page		YES, NO PRUNKNOWN)			215-0	15-9030	M. Rita H	lubbel	3402 Fai	t Avenu		
rtificore riticore name name name name name name name nam		18 CAUSE OF DEATH PART I. DEATH WA	SCAUSED	BY:	line for 10),		arnthr	0110	,		BETWEEN OF	ATE INTERVAL NSET AND DEATH
0 00 0 0		CONTROL LAND	MMEDIATE		Care		arigini	nuck				
PRESTON ne deoth c emove cort mation, or		Conditions, if ony,	which	DUE TO, O	C.C.P	SEQUENCE OF					433	
the of removing er fra		gove rise to immo	ediote	10/-		SEQUENCE OF	Carrier Inc.	1000				
thot d by leose ial, cr		underlying cause	lost.	((c)_	urc	sepsi	\$					
y. Y	NO	PART 2 OTHER SIGN	IFICANT CO	onditions co	ONTRIBUTIN	G TO DEATH BU	T NOT RELATED TO T	THE TERMINA	AL DISEASE OR CON	IDITION GIVE	N IN PART 1(0)	
ew requirements been signatured. The prior to be ony injury	CERTIFICATION	190 DATE OF OPERAT	ION	1%. COND	ITION FOR V	VHICH OPERATION	N WAS PERFORMED	D	200 AUTOPSY?	20b. IF YES,	WERE FINDING	SS USED
TALR Cron. Cron. The loss sist per grene Shows	T.E.		1255						YES NO	YES		NO [
Z 2 0 0 H 8	4	218. ACCIDENT WAS UNDE		HOUR A.	OF INJURY	H DAY YEAR	21c. HOW INJURY	OCCURRED	ENTER NATURE OF INJU	PRY IN ITEM 18 PAR	RT 1 OR PART 2)	
0 0 50 50	MEDICAL	(IF EITHER, NOTIFY MEDIC.	AL EXAMINER)	Ρ.	.M.	19	21f LOCATION	£-0-				
166	MEC	WHILE TO NOT WHILE	E	(AT HOME, ST	OF INJURY REET, FACTORY, (OFFICE, FARM, ETC.)	STREET		CITY OR TO	NWC	COUNTY	STATE
DIVISION OF PROPERTY OF After the Use os the Health and is morked		22a.1 certify that (1) (I) official th	a dirensed	from 6	1 860	9	10 8	26 1	· 86 "	not (l) (we) last
TTEN Or us of He		sow the decease	afferon_	010	73		ind that in (my) (our)	apinian dea	th occurred on the d	ate and hour	,	
R A hospy hed hed ept.		Obove, (I) (welld 17h SIGNATURE	EL CON BIDE	view the body	offer death.		DEGREE				22c. D4TE S	IGNED
0 8 0 00 F			12/2	-/U	Me	un 1	ATTEN	ICIAN A	MEDICAL STA	FF CIAN [18/2	7/8
HOSPITAL ned by t FUNERAL Jid be det or the State		22d. PHYSICIAL THA	ME (I FE OR	PRIIVIT 1			-770. ADDRESS	,	LIL IN			
TO HOSPITAL retoined by 1 TO FUNERAL should be de with the Stote		14096	A (18b1	rem	anaw						
		SURIAL, CREMATIÓN, R SPECIFY) Burial	EMOVAL	236 DATE 8-30	86	Sacred	Heart of	1	23d. LOCATION	2	COUNTY	STATE
BP	74 FI	JNERAL DIRECTOR		0-50	-00	Jucied	newa of	250. DATE R	Dundalk, L	Salto.	O. Md.	DE
DHMH - 16 50M 4/82 (VRA 15, 4)		rarles S.Ze	eiler	& Son	Inc. 'S	101 S.Ca	akling St	AUG			Maya	

 \vec{x}_i , \vec{y}_i Trulya ---- 2 is even / William William V. 2/22/ CONTRACTOR OF THE CONTRACTOR O

and the second s

Lie to the let without Mr. on man a list, of selection

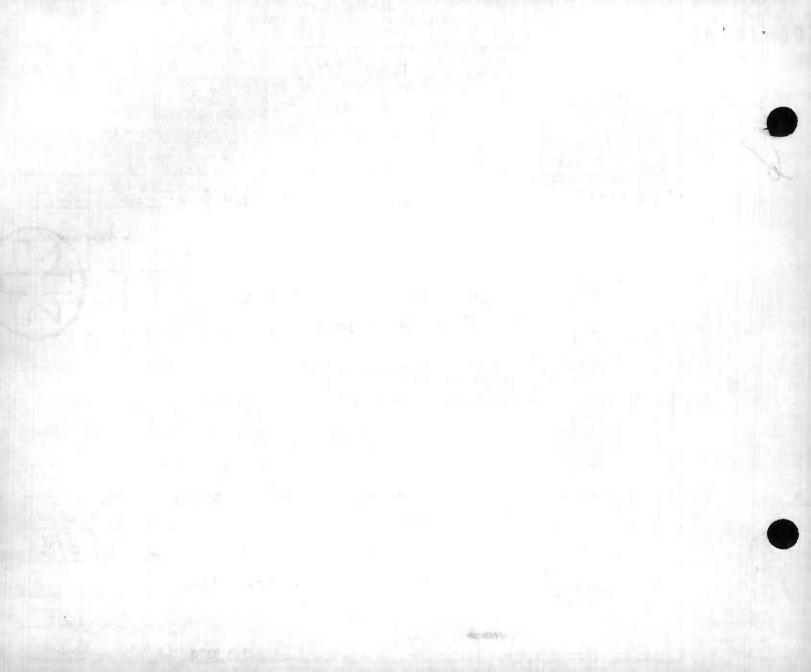
100 ME 1172S

The Same

11

· ...

total and the second e 147 more religions of the property of the section of the section



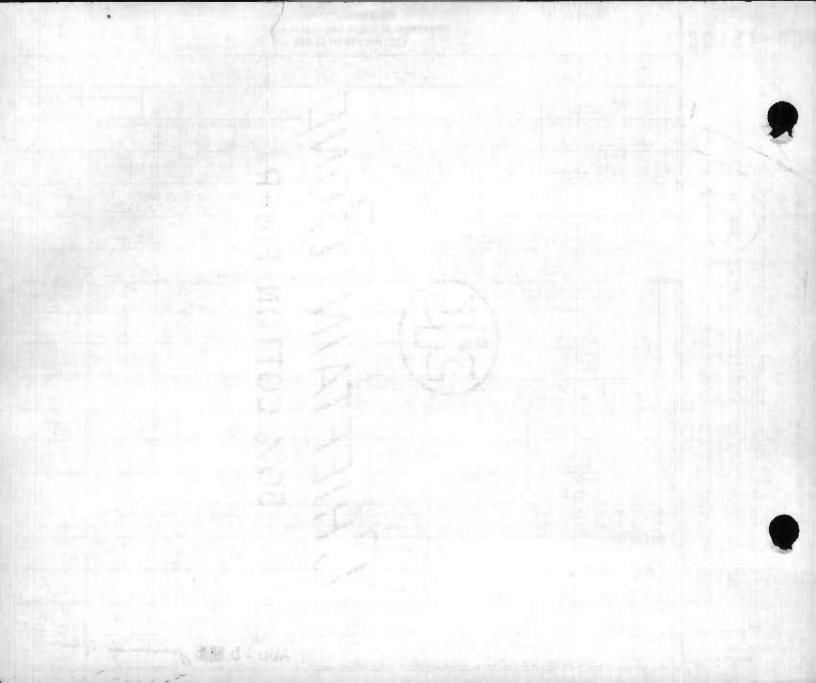
7922 Wise Ave Dundalk, Maryland 21222

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

9	2	3	0	8
Cin	Con	300	-	0

1					STAT	E OF MARYLAND			200		
	1.	FOR STATE		DEPARTM		EALTH AND MENTAL HYG	iene 6	2 2	5 0	8	
)		REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO.				
		CEASED NAME FIRST	1	MIDDLE	1	AST	20. DATE OF DEATH	ONTH DAY	YEAR 2	HOUR	
	11110	ELBON		1. F	ER	GUSON	8/10/86		. 7	730/AM	
	3. SEX		4. RACE	1	5. DATE C		6. AGE (IN YEARS LAST BIRTH	DAY) IF UN		F UNDER 24 HRS	
		M Male	White	W	MONTH	/ 24/ 7.0	65	YRS	DAYS F	HOURS MIN.	
1		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D & NEVER MARRIED	9. BALTIMORE CITY OR		DEATH		
		Vest Virginia	U.S.	A.	WIDOWE		BALTIMOR	LE CI	ITY	MD.	
1	HI. CI	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSING	G HOME C	OR OTHER INSTITUTION	120. USUAL OCCUPATIO		Ib. KIND OF E	BUSINESS OR	
f.	BK	ITIM ORE CITY	FRANCIS	SCOTT KE	YM	ED. CTR.	(TIPE OF WORK FOR MOST OF	VORKING EIFE) III	IDO31KI		
1	130 S	AL RESIDENCE (IF NURSING HOME COLTATE	ROTHER INSTITUTION,	GIVE RESIDENCE BEFORE		113d INSIDE CITY LIMITS?	13e.STREET ADDRESS / 1	ZIP CODE			
5			timore	Dundalk		YES NO	251 Trappe		222		
i	14 FA	THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	AE MIDDLE		LAST		
₹,	1	Park C.		rguson		Dosia		Fitzw			
Š	16a W	VAS DECEASED EVER IN U.S. A		166 SOCIAL SECUR	RITY NO.	17 INFORMANT	ADDRES	S	7-1-2	-11-72	
Æ,		Yes Yes 2/39	2 1/41	541-30-67	724	Thelma L. Fe	erguson	Same	as 13		
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	inly one cause per ED BY: TE CAUSE (a)	Ine for (a), (b), and	hos	lesen wall a	mucandial	infac	BETWEEN ON	SET AND DEATH 2 Lau	7 7
		IMMEDIA			TO OF	CO (CO) 5 - CO-SA /	7		C. C. C.		9
		Conditions, if any, which	((b)_	r as a consequei	NCE OF						
۱		gove rise to immediate cause (a), stating the)	r as a conseque	NCE OF			70 (200-1			
		underlying cause last	(c)_		/						
١	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	NTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	TION GIVEN IN	V PART Ita		
4	OLL	Adult Kesp	vatnu	DISTUL	1 00	marone	In historia I	AND IF YES ME	DE ENIDAGE	S LISSE	
Ľ	CERTIFICATION	190 DATE OF OPERATION	in con	TION FOR WHICH (OPERATIO	WAS PERFORMED		20b. IF YES, WE IN CERTIFYING	CAUSES O	F DEATH?	
Н	ERT	710. ACCIDENT WAS UNDERLYING	7 21b TIME O	F IN ILIRY		21c HOW INJURY OCCURR	YES NO	YES _		NO (
7		OR CONTRIBUTING CAUSE OF DE	HOUR A.	M. MONTH DA		THE WORK INSURING COCORD	LEWISK NATURE OF INJURY	IN HEM TO PART IN	DR PART 2)		
K	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	21e PLACE		19	211 LOCATION					
	ME	E NOT WHILE AT WORK	(AT HOME, STR	EET, FACTORY, OFFICE, FA	IRM ETC)	STREET	CITY OR TOW	4	COUNTY	STATE	
Ē		22a.1 certify that (1) (this hosp	oital) attended the	e deceased from _C	ue	9 19 86	, to 120 in	. 19	PG , the	at (I) (we) last	
Н		saw the deceased alive a abave, (1) (we) (did) (did n	n	alter death	0,01	nd that in (my) (our) opinion o	leath occurred on the dot	e and hour and	fram the ca	uses stated	
		226. SIGNATURE	4	47		DEGREE			22c. DATE SIG	GNED	
		Meal 1	Jobun	W 1/4)	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	INDE	8/10/	86	
Ü		274 PHYSICIAN'S NAME (TYPE	OR PRINT)			22e, ADDRESS	1 0 1	7 /	.10	1001	
		NEAL 7.	SAKI	MH W	0	14940 Easter	n Ave Bali	were,	MDZ	1224	
		URIAL, CREMATION, REMOVA	23b. DATE	23c. N	AME OF C	EMETERY OR CREMATORY	23d LOCATION	(0)	UNTY	STATE	
		Burial	8/13/1	1986 Ho	olly	Hill	White Mar	sh	Ma	aryland	
	24 FU	INERAL DIRECTOR Du	da-Ruck,	Inc moress		25a DATE	REC'D BY REGISTRAR 2	B REGISTRAR'S	SIGNATUR	Salta .	

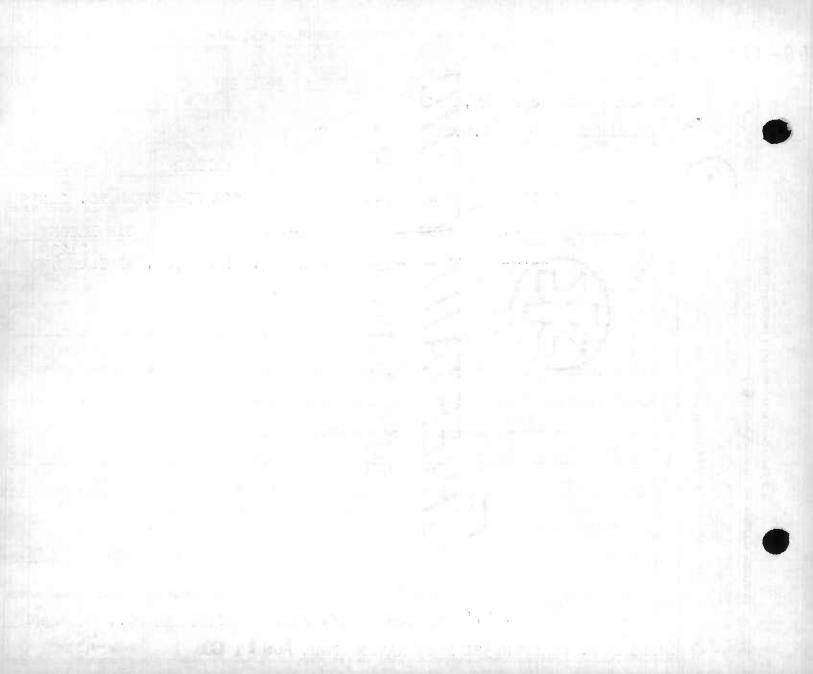
DHMH - 16 60M 7/84 (VRA 15, 4)



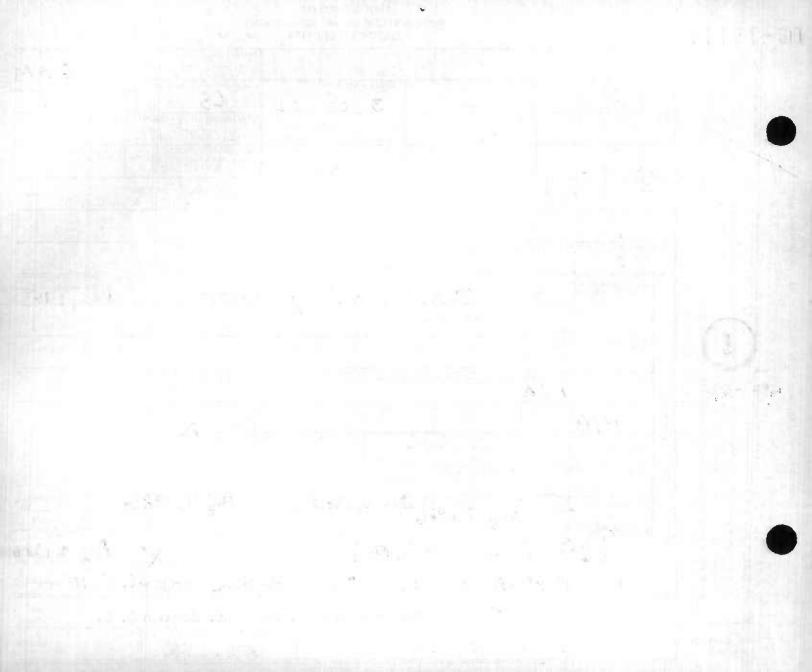
	FOR	0.50 4.07 M	STATE OF MARYLAND	omic O O	* 0 0
0-16161	1 - STATE REGISTRAR	DEPARIM	ENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	6 2 Z	201
0 101304	1. DECEASED NAME FIRST	WIDDFE	LAST	REG. NO.	DAY YEAR TH HOUR
+ 18.6-1	(TYPE OR PRINT) RU				7
4 60			ell EL		11:05 ^A
(U)	3. SEX	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
O	F	В	12 5 10	75 YRS.	
# 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	70. BIRTHPLACE STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNT	
V 1/1	GA.	U.s.a.	WIDOWED DIVORCED		MD.
3	BALTIMORE	11. NAME OF HOSPITAL, NURSING	S HOME OR OTHER INSTITUTION DORESS) S HOSPITAL	170 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING LI Domestic	12b. KIND OF BUSINESS OR INDUSTRY
o sulphone	130. STATE		134. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP COD	
4 7 10	Maryland —	Baltimor			ia Ave. Apt. 1103
一道ので名きの 東	14 FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	AME	LAST
M 3 0 8 6 3	Edward	A. Ferrell			Word
dico.	160 WAS DECEASED EVER IN U.S. A	INE WAR OR DATES!		ADDRESS	
IIW	(YES, NOOR UNKNOWN)	21632330	7 Emma R. Hol	ley 3401 Mondawm:	
BALTIMORE,	18 CAUSE OF DEATH (Enter	only one cause per line for (a), (b), and SED BY:	(cv)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
# # # # W		ATE CAUSE (0) Respira	tory taylure		2 minutes
NO S SERVICE		DUE TO, OR AS A CONSEQUE	NCE OF		
PRESTON	Conditions, if any, which	(16) Cere (ro	vascular acci	de NT	5 days
4 41115	gave rise to immediate cause (a), stating the	DUE TO, OR, AS A CONSEQUE			111
3 1 2 3 4 M	underlying cause lost.		c anemia		11/24/15
	PART 2. OTHER SIGNIFICAN	CONDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GI	VEN IN PART I to
SO I	15				
O. A.	190 DATE OF OPERATION	196 CONDITION FOR WHICH	PERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED IFYING CAUSES OF DEATH?
18 1111/					ES NO
E 21 11 10	210 ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR 216. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM 18	PARI I OR PART 2)
P	OR CONTRIBUTING CAUSE OF D	KAIN	19		
DIVISION NG PHYS onendan when the burn th and Me arked or it	21d INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
VIS and a standard of the stan	WHILE NOT WHILE AT WORK	LAT HOME, STREET, FACTORY, OFFICE, FA	RM, ETC.)	CITI OK TOWN	STATE
D A D A D A D A D A D A D A D A D A D A	220.1 certify that (I) (this has	pital) attended the deceased from	August 14 19 86	10 August 19	19 86 that (1) (we) last
1 ET 0 1 T T	saw the deceased alive of	on August 19 19 9	3 -0	death occurred on the date and has	ur and from the causes stated
A P P P P P P P P P P P P P P P P P P P	226 SIGNATURE	lat) view the body after death.	DEGREE		22c DATE SIGNED
0 4 0 0 0 4	Xuscen 1	n. Mille	MI ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	8/19/56
HOSPIT.	224 PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS	D DIRECTOR D FITTSICIATE D	10/100
TO HOSPIT etained by TO FUNER should be a with the Ste	Susan M.	Melley	The Tohe	ne Horking His	saite 8
TO H shoul	230 BURIAL CREMATION REMOVA		AME OF CEMETERY OR CREMATORY	123d LOCATION	37.100
BP	Burial	0/00/06		CITY OR TOWN	COUNTY STATE
	24 FUNERAL DIRECTOR		OUNT AUBURN 1250 DA	Baltimore TE REC'D. BY REGISTRAR 256. REGIS	Maryland Maryland
DHMH - 16 60M 7/84 (VRA 15, 4)	WM.C.MARCH F/H T	NC. 1101 EAST NOR	λ1	10 99 man	Swiden Broken
(AUV 12' 4)		TAC. TIOT TYPELL NOBL	I'H AMENTE HI	117 / /	A- 1

had to affer the second of the

				FOR	Film #G	618-8/19/	86 jps S		MARYLAND H AND MENTAL H	YGIENE				-	
			1-	STATE REGISTRAR		M	EDICAL EXAM	AINER'S	CERTIFICATE O	DEATH	2 _{REG.} A	b. 0	1	0	
10	-1	6918		CEASED NAM	E EIRST		WIDDLE		LAST	2a. D	OF ESTI-	MONTH	DAY	YEAR	26 HOUR
		拉琴和房 門			Sand	lra	JANE	Fi	.ckes		EATH MATED	8/	9/	1986	M
		马克莱克斯	3. SE>	(4 RACE	S. DATE OF BIR	Y YEAR LAST B	(IN YEARS IF U	NDER 1 YR. IF UNDER		DATE	MONTH	DAY	YEAR	74 HOUR 5:13 Р м
		PASS AND	FE	MALE	WHITE		,1942 44	YRS.			DEAD	8/	9/		P M
1		SA SE	7a Bi	REIGN COUNTRY) ARKAN	SAS		S.A.		RIED XXNEVER MARRI	ED L	Baltimore city of	_		DEATH	MD
		S HADE	10, C	TY OR TOWN	OF DEATH		OSPITAL, NURSING H		HER INSTITUTION	12a. USUAL C	OCCUPATION (TYP	E OF WORK	12b KIN	ND OF BUS	INESS
		10 80	5	Balti		Unive	ersity Hosp	pital		TEI	LER		BA	NKIN	G
	BALTIMORE, MD. 21201	THE STATE OF THE S		TATE RYLAN		e or other institution INTY 239	130 CITY OR TOV BALTIM	ORE	13d INSIDE CITY LIMITS?	13e STREET A	GLENHA	VEN	RD.	212	239
	WD	H- WO	14. F/	ATHER'S NAME		MIDDLE	KLIMEK,		15 MOTHER'S MAIDE	NAME	MIDDLE			LAST	
	ORE,	AREA -		STAN		J.	KLIMER		A-LUI	SE				TON	
	TIM	W SS STATE	16a. V	ES NO, OR UNKNO	D EVER IN U.S. A	RMED FORCES? VE WAR OR DATES)	166 SOCIAL SEC		17 INFORMANT	T) = 41	ADDRESS			1239	
	BAL	PAG PAG		NO	-		220-40-		GEORGE C	• FICE	CES, JR.	BAL'I'		PROXIMATE	
	ST.	A A A A A A A A A A A A A A A A A A A		18. CAUSE C	ATH WAS CAUS	ED BY:	line far (a), (b), and (c)		t Wound to	Head				WEEN ONSET	
	TON	SEE SEE			IMMEDI	ATE CAUSE (o) DUE TO:	OR AS A CONSEQUEN		or would to	neau					
	RES	HINNER WASHINGTON			ns, if any, which										
	×.	N PENCIL XAMINE XAMINE AL-TRA MENTA N, OR RE		couse (a	se to immedia) stating the <u>unde</u>		OR AS A CONSEQUEN	ICE OF							
	201	RIAL EXAL ION,		lying cou	ose lost.	(c)									
	DIVISION OF VITAL RECORDS, 201 W. PRESTON	BE EXECUTED ENDING" IN PREDICAL EXA AS A BURIAL EATH AND ME CREMATION,	NO	PART 2 OTHER ST	IGNIFICANT CONDITION	NS CONTRIBUTING TO DE	ATH BUT NOT RELATED TO THE	TERMINAL OISEA	SE OR CONDITION GIVEN IN PA	RT 1 (a).				(14)	PREE
	REG		CERTIFICATION	19a. DATE OF	OPERATION	19b. CON	DITION FOR WHICH (OPERATION V	VAS PERFORMED?				20 /	AUTOPSY?	
	/ITA	SHOUL ORD "F CHIEF E USED	TIE										,	YES 🗌	NO 🔯
	OF.	HE WORLD BE OF THE COULD BE OF			AL CAUSE WAS		OF INJURY	YEAR 21c H	OW INJURY OCCURRE	D (ENTER NATUR	E OF INJURY IN ITEM 18	PART I OR PA	RT 2)		
	NO	U - Discount	MEDICAL		OR CAUSE OF	FDEATH 2:20	P.M. 8/ 9/ 19	986 5	self inflic	ted wou	ind				
	N/S		MED	214 INJURY O			E OF INJURY (AT HOA FACTORY, FARM, ETC.)		OCATION STREET		OR TOWN	co	UNTY		STATE
	۵	WRIT WARD WARD PAGE TATE D		AT WORK	NOT WHILE	IXJ	home	1122	21 Glenhave		Balto. C	ity,	Md.		
		HES NO.		22a. I certi	fy that I took cho	rge of the remains	described above, held			n XX, Inc	quiry . on	nd in my op	noinion		
		EXAMINER: CERTIFICATION OULD BE FOR DIRECTOR: (, WITH THE: MARYLAND	-	death result	ed from: Nat	tural causes 🔲	Accident .	Suicide 2		Undetermin	ed monner,				
		CAL EXA SHOULD BRAL DIR EATH, WI		ACTUAL		A	N ~		ASSISTAN	+		DATE		8/10,	186
		SER SE		SIGNATURE.		1		^	A.D. MSSISLAII	E_MEDICAL	EXAMINER	SIGNE	D	0/10/	- 00
		TO MEDI EXECUTE PAGE 4 TO FUNI AFTER DE BALTIMO	-	EXAMINER'S (TYPE OR PRI	NAME GY	regory R.	Kauffman,	M.D.	ADDRESS 11	1 Penn	St.				
		TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PAGE 4 SHOULD BE FOUNERAL DIRECTO AFTER DEATH, WITH THE BALTIMORE, MARYLA!		URIAL, CREMA	TION, REMOVAL	236 DATE	23c NAME OF	F CEMETERY C	OR CREMATORY	23d. LOCAT		COU	NIV	STA	15
	07/84	BP		BURIA		AUG.13,	'86 MOREL	AND M	EM. PARK	BALT	IMORE (co.		RYLA	
	25M	DHMH - 17		NAME		ADDR	ESS			REC'D. BY REG	ISTRAR 256. REG	STRAR'S S			.11
		(VR A15 ME (5))	WI	LLIAM	E. JOH	INSON852	LOCH R.	AVEN :	BLVD. AUG	11 198	30	inchilden	-Na	Marian	2



00-151		1 -	FOR STATE REGISTRAR			DEPAR	TMENT OF H	E OF MARYLI EALTH AND I ICATE OF D	MENTAL HYG	IENE 6 REG. NO.	2 3	1 1
				RST	٨	MIDDLE	L.	AST		20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR
oy be		(TYPE	ELOU	JISE			FIELD	S		AUGUST 8, 198	6	6 AM
4 mo		3. SEX	Female	4 RA			5. DATE C	DAY	YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	
age of the control of		-	Marie 19		Bla		3	05	21	60 YRS.		
4 30	21		RTHPLACE (STATE OR FOREK OUNTRY)	IGN 7b C		WHAT COUNTRY	MARRIEI	NEVER A	MARRIED -	BALTIMORE CITY OR COUNT		
	6.		S.C.		USA		WIDOWE	DK DI	VORCED	BALTIMORE CITY		MD.
and !	10		BALTIMORE		IF NOT IN SUCI	HOSPITAL, NURS H FACILITY, GIVE STRE WEST LAF	ET ADDRESS)			120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING I) UNEMPTOYED.		OF BUSINESS OR Y
ND 211	most p	13a. S	L RESIDENCE (IF NURSING F TATE 13b	COUNTY	RINSTITUTION,	GIVE RESIDENCE BEFO 136 CITY OR TO Baltimo	WN	13d. INSIDE C	ITY LIMITS?	130 STREET ADDRESS / ZIP COD	vette A	venue 2121
YLA rehy 2 sh	ine	14 FA	THER'S NAME						S MAIDEN NA	ME		
MAR ed w	250	ŀ	lenry	MIDDLE	E	Manning		Da	a1sy	MIDDLE	Ho	ward
ORE,	dicol		AS DECEASED EVER IN L	J.S. ARMED		166 SOCIAL SE		17. INFORMA		ADDRESS		
De ed	a a		No		ON ONIES,	084-22	-2761	Leroy	Fields	1000 N. Ellamor	it Aveni	ue
RDS, 201 W. PRESTON ST., equire certification of signe representations of them provided the provided points of the	injujy, or office transmissions remo	NOI	Conditions, if ony, wh gove rise to immedi couse (o), stating underlying couse to	mEDIATE CA	DUE TO, OF (c)	R AS A CONSEC	UENCE OF		o TO THE TERM	INAL DISEASE OR CONDITION G	Dec	
REC os be	Z was only	CERTIFICATION	NA	4	196 CONDI	TION FOR WHIC	H OPERATIO	N WAS PERFO	DRMED	INCERT	ES, WERE FIND IFYING CAUSE YES	
DF VITA IAN: Th physicio	18 sh		21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE	E OF DEATH		M. MONTH		21c. HOW IN	JURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)	
	ked or Be	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	2	P./ The PLACE ((AT HOME, STR		E, FARM ETC)	211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
OR ATTENDI he hospital or DIRECTOR: A	e Dept. or neoun		22a. certify that (1) (his saw the deceased o obove, (1) (we) (did) (22b. SIGNATURE)	(did not) view	Ano :	1486	, on	DEGREE		death occurred on the date and ha		that (I) (we) last the couses stated
TO HOSPITA retained by TO FUNERA should be de	IMPORTANT:	22.0	PETER	(TYPE OR PRIN	LAI	M.D.	Ph.D	Joh	ns Ho		e. Ba	Itimore
BP			urial, cremation, rem Burial	AOVAL 231	8/14,	100		phen Ba	abt. Cer	-		STATE
DHMH - 16 60 (VRA 15,			March Funera	al Hom	es 4	300 Wab	ash Ave	nue	25a DATI	ERECTO. BY REGISTRAR 256. REGIS	TRAR'S SIGNA	ATURE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR MIDDLE DECEASED NAME 2n DATE OF DEATH MONTH CTYPE CHERWIS 2:00 JESSE LEWIN FINNEY August 8, 1986 JR. # SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 21 HR March 9, 1913 White 73 Male BALTIMORE CITY OR COUNTY OF DEATH THE BURTHPLACE LIATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED Baltimore City U.S.A. Maryland O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR 3832 Yolando Road 21218 Power Director Rail Road Baltimore USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY Baltimore 13d. INSIDE CITY LIMITS? 3832 Yolando Road 21218 Maryland YES P IL FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE McGinnis Lewin Finney Sr. Annie Jesse 16b SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES GIVE WAR OR DATES) 717-07-9465 F.B. Finney 3832 Yolando Road 21218 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY Massive interval hemorliage DUE TO, OR AS A CONSEQUENCE OF Olon Cancel Conditions, if any, which gove rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 JF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NOF 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) WHILE NOT WHILE 220 I certify that (this haspital) attended the deceased from sow the deceased alive on your the body after death. and that in my (our) opinion death occurred on the date and hour and from the causes stated DEGREE 22t. DATE SIGNED ATTENDING ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OF THE Scott Rifkin Union Memorial Hospital 230. BURIAL, CREMATION, REMOVAL

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR Mitchell-Wiedefeld Home 6500 York Road 21212

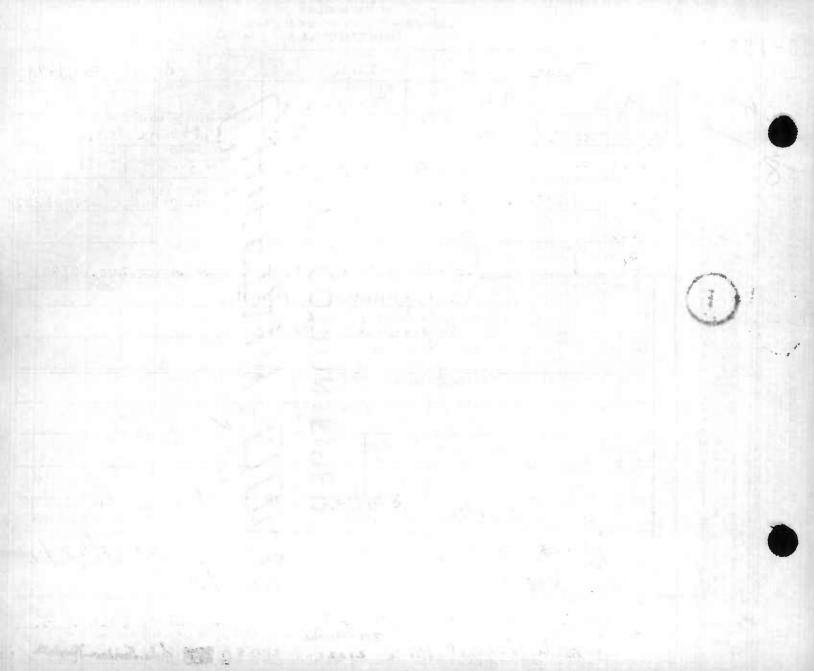
Burial

231 NAME OF CEMETERY OR CREMATORY Parkwood

Parkville Baltimore Maryland

250. DATE REC D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

The part of the same of the unifered so lite efficies comme



poge 3

eral director

completely filled in by the fi

STATE OF MARYLAND

6			2	2	3	1
	REG.	NO.				

1-	STATE REGISTRAR		CEF	STIFICATE OF	DEATH	REG.	NO. 2 2	2 3	4
	CEASED NAME FIRST	MIDDI		LAST		20. DATE OF DEATH	MONTH D	DAY YEAR	2b HOUR
	ANDREW		FI'	TCHETT S	R.		08 2	286	8:15PM
3. SE	· ·	4 RACE		ATE OF BIRTH	YEAR	6. AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER 1 YEAR	HOURS MIN.
11	MALE	WHIT	Ε	3 24	1905	81	YRS		
	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHA	AT COUNTRY? 8	RRIED NEVER	R MARRIED	9 BALTIMORE CITY			
1	MARYLAND	USA			DIVORCED [ORE CIT		MD.
1	TY OR TOWN OF DEATH	(IF NOT IN SUCH FAI	PITAL, NURSING HO	ME OR OTHER IN	ISTITUTION	170 USUAL OCCUPA		INDUSTRY	F BUSINESS OR
1	BALTITORE AL RESIDENCE (IF NURSING HOME OR		MORIAL HO	SPITAL	- 1	RACE T	RACK -	- STAR	TER
	TATE 136 COUN	ITY 13c	CITY OR TOWN	13d INSIDE	CITY LIMITS?	13 STREET ADDRESS			7.
14 54	MD. BAL	TO. U	WINGS MI	L L SES	NO		ARK HE	EIGHTS	'AVE.
2)"	FIRST	WIDDLE	LAST		FIRST	MIDDLE		LAST	t
14 a V	ANDREW VAS DECEASED EVER IN U.S. AR/		TCHETT SOCIAL SECURITY N	-	ARY	ADD	RESS	CUNNIN	GHAM
		E WAR OR DATES)				RYN G. F		TT (S	AME)
	18 CAUSE OF DEATH (Enter on	ly one couse per line		OU TIKS	· IVAIRI		I I CHE		MATE INTERVAL ONSET AND DEATH
	PART I. DEATH WAS CAUSE	E CAUSE (o)	Sensis					30	1115
	IMMEDIAI		A CONSEQUENCE	DEO OO	2	01	3.79	-	7
	Conditions, if any, which	(16) 5	allamens	Call (archon	na of lun	2	Vea	1/5
	gave rise to immediate cause (a), stating the	DUE TO, OR AS	A CONSEQUENCE	OF . A	1	. 0		7	7
36	underlying couse lost	10 F.	ell phua	103C	Mar L	Islace		1	
NO.	PART 2 OTHER SIGNIFICANT C	onditions cont	RIBUTING TO DEATH	BUT NOT RELAT	ED TO THE TERMI	NAL DISEASE OR CO	NDITION GIVE	EN IN PART I O	
CERTIFICATION	19L DATE OF OPERATION	196 CONDITIO	N FOR WHICH OPER	ATION WAS PERF	FORMED	200 AUTOPSY?		, WERE FINDIN	
TIFIC	8/4/86	Gar	arehe o	FD FO	of	YES TO NOT	IN CERTIFY YES	YING CAUSES	OF DEATH?
CER	210. ACCIDENT WAS UNDERLYING				INJURY OCCURRI	D (ENTER NATURE OF IN	JURY IN ITEM 18 PA	ART I OR PART 2)	
SAL	OR CONTRIBUTING CAUSE OF DEA	in .	MONTH DAY Y	19					
MEDICAL	21d. INJURY OCCURRED	21e PLACE OF I	NJURY FACTORY, OFFICE, FARM ET	211 LOCA	TION	CITY OR	TOWN	COUNTY	STATE
2	AT WORK NOT WHILE AT WORK	AN HOME STREET,	STORY, OFFICE, FARM ET						
	220.1 certify that (1) (this haspit			July &	19 86	to Aug 22	2		that ((we) ast
	sow the decrased alive on above, (1) (we jedid) (did not	1) view the body ofte	r death 19 00	_, and that in (m	y (our) opinion d	eath accurred on the	date and hour	and from the	couses stated
	22b. SIGNATUR	11 11/	1	DEGREE	ATTENDING	MEDICAL ST	AFF - /	221. DATE	SIGNED
	XHUSON	D-WU	rel	100	PHYSICIAN [DIRECTOR PHYS		10/d	0/86
	22d. BHYSICIAN'S NAME (TYPE OF			22e ADDR		POLE TO A VICE TO A			
	SUSAN G. WEI			201	UNIVERSI				
	SURIAL, CREMATION, REMOVAL	23b. DATE		OF CEMETERY OF		23d LOCATION CITY OR TOWN	1 -0.00	COUNTY	STATE
24 E1	BURIAL JNERAL DIRECTOR	8-26-8	6 DRUI	D RIDG	E CEM.	PIKESV		ALTO.	Mp.
C	LINE FUNERAL	Hann 4	ADDRESS		ZSO DATE	REC'D. BY REGISTRA	NEC REGISTI	RAR'S SIGNATI	
	LINE FUNERAL	HOME 1	1024 RE1	STERST	OWN RD	UP 30 196	70	Child Indian	7

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

ATTENDING PHYSICIAN: The low

TO HOSPITAL OK ATTENDING PHYSICIAN: The retained by the haspital or attending physician.

injury, or other troumotic event,

IMPORTANT: If them 21 is marked or Item 18 shows any

ALE HITE ST 1905 81

ARYLAND

MADE TRACK - STARTER

ME. PLEO. WINGS FILLS 1213 PARK BEIGHTS VE.

NOREW SITCHETT MARY SUNNINGHAM

NO 213-10-2550 MRE. MATHRYN S. FITCHETT (SAME)

JUNIAL G-50-5 DRUID GIOCE SEN. FIKESVILLE BALTO. 10.

ELINE FUNERAL HOME 11824 REISTERSTOWN ND.

00-81739

STATE OF MARYLAND

2	2	- 7	1
100	-	V	9
6 14	Can	20	- 4
110			

1	- STATE REGISTRAR		CERTI	FICATE OF DEAT	H HYGIE	REG. NO	2 2	5 1	5
	ECEASED NAME FIRST	MIDDLE		LAST	20		MONTH DA	Y YEAR	2b. HOUR
(TYP	EVELY1	E.	FIT	ZGERARL	D		8 - 30	-86	7:00 A M
1 SE		4 RACE		OF BIRTH		AGE (IN YEARS LAST BIRT		FUNDER 1 YEAR	
1 5	emale	White	MONT 12	10 191	EAR	74	YRS	MINS	HOURS MIN.
7g. B	IRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT CO	DUNTRY? 8		9	BALTIMORE CITY O		F DEATH	
	Maryland	USA	WIDOW	ED NEVER MARRIE		Baltimore C	ity		MD.
10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL		OR OTHER INSTITUTION	(TYPE OF WORK FOR MOST-OF			OF BUSINESS OR
	Baltimore		nes Hospit			Dietician	4.	Conve	ent.
13a.	JAL RESIDENCE HE NURSING HOME O STATE 13b. COU		ENCE BEFORE ADMISSION) OR TOWN	113d. INSIDE CITY LIA	MITS? 113	e.STREET ADDRESS /	ZIP CODE		
1	Maryland		timore	YES NO		3725 McTav		enue,	21229
14. F	ATHER'S NAME	WIDDLE	LAS1	15 MOTHER'S MAIL	DENNAME	WIDDLE			
1	Carl		perken	Kathr	vn	Elizab	eth	Pari	
	WAS DECEASED EVER IN U.S. AI	RMED FORCES? 166 SOC	TAL SECURITY NO.	17 INFORMANT	7	ADDRE		2 00.00	
	NO	IVE WAR OR DATES)	-20-2655	Nelson J	. Fit:	zgerald, 6	44 B S	treet	. 21122
	18 CAUSE OF DEATH (Enter o	nly one cause per line far ti							XIMATE INTERVAL
	PART I. DEATH WAS CAUS	FD BY:	diogenic	Shock					
15	IMMEDIA	DUE TO, OR AS A CO							
1	Canditions, if any, which		ocardial	Inforcti	ion				
	gave rise to immediate cause (a), stating the								
	underlying cause lost.	DUE TO, OR AS A CO	ONSEQUENCE OF						
	PART 2 OTHER SIGNIFICANT	147	TING TO DEATH BU	NOT RELATED TO TH	HE TERMIN	AL DISEASE OR CONI	DITION GIVE	N IN PART 1	la ·
S S		1000							
CERTIFICATION	DATE OF OPERATION	196 CONDITION FO	R WHICH OPERATIO	ON WAS PERFORMED)	20a AUTOPSY?		WERE FINDI	INGS USED S OF DEATH?
- 1						YES NO	YES		NO [
18	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		216 HOW INJURY	OCCURRED	(ENTER NATURE OF INJUR	Y IN ITEM 18 PAR	T 1 OR PART 2)	
1	OR CONTRIBUTING CAUSE OF DE	AIR	NIH DAT TEAR						
MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJUR	RY	211 LOCATION		CITY OF TO		COUNTY	STATE
N	NOT WHILE AT WORK	(AT HOME STREET, FACTO	RY, OFFICE, FARM, ETC)	STREET		CHAONIO	VN	COUNTY	STATE
	22a I certify that (1) (this hasp	oital) attended the deceas	ed fram	, 19.		, to		9	, that (I) (we) last
	saw the deceased alive at obove, (I) (we) (did) (did n	nat) view the body after dec	19, o	ind that in (my) (our)	opinion dec	oth occurred on the do	te and hour	and from the	causes stated
	22b. SIGNATURE	0000	1 2	DEGREE		- The Country	,	22c. DATE	E SIGNED
	Amzalo	1. Whan	x,M.D	ATTENI PHYSIC	DING CIAN []	MEDICAL STAF			
1	224 PHYSICIAN'S NAME THE	DEFENT)	/	22e ADDRESS	1 11 11		-	U-L	10
	Lonzalo Ur	bano MD		900 S	. Cato	on Avenue,	21229		
23a.	BURIAL, CREMATION, REMOVAL	L 236 DATE	230 NAME OF	CEMETERY OR CREMA		23d LOCATION		COUNTY	STATE
	Burial	9/3/86	New Cat	thedral Cer		Baltimore			Maryland
24 F	FUNERAL DIRECTOR		ADDRESS	21229	250 DATE R	EC'D. BY REGISTRAR	256 REGISTR	AR'S SIGNA	TURE
HU	ubbard Funeral H	Home, Inc.,	4107 Wilke	ens Ave.	SEP	2 1986		the many	do la la

DHMH - 16 60M 7/84 (VRA 15, 4)

and the limited desired

- 100

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. George Flerschmann 20. DATE OF DEATH DECEASED NAME MIDDLE TYPE OR PRINTI GEORGE FLEISCH MANN 8-11-86 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 3. SEX MONTH YEAR Caucasian Male 20- 15 4 -76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE ISTATE OF FOREIGN MARRIED NEVER MARRIED Md. USA WIDOWEDE DIVORCED Baltimore City NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) "Seagram Baltimore Good Samaritan Hospital Supervisor Distillery UAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 1136 COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Md. Balto. 1119 Apt F Sandystone Rd. Balto. NOKX A FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Eva Sebour John Fleischmann was deceased ever in U.S. armed forces? 166 SOCIAL SECURITY NO 17 INFORMANT 216-03-1652 James Fleischmann Sandystone Rd 2122 Yes WWII APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY: VENTRICULAR FIBRILATION IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF MYOCARDIO PATHY Conditions, if any, which gave rise to immediate cause (a), stating the ISCHEMIC HEART DISEASE underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 MELLITUS DIABETES 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 280 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOM YES T 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 710 ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY COUNTY STATE AT HOME STREET, FACTORY, OFFICE FARM, ETC) WHILE NOT WHILE 220.1 certify that (1) (thus hospital) attended the deceased from, saw the deceased alive an_ , and that in (my) (our) apinion death occurred an the date and hour and from the causes stated above, (1) (we) (did) (did nat) view the body after death 226. SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL ATTENDING 8-11-8-6 PHYSICIAN DIRECTOR PHYSICIAN 274 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS GOOD SMARITAN HOSPITAL BALTIMORA PREMOD DUEGA1 23a BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY (SPECIFY) Balto., Md. Sacred Heart of Jesus Buria] 8-14-86 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Schimunek Funeral Home, ADD Inc. DHMH - 16 60M 7/84 (VRA 15, 4) Brehms Lane, Balto., Md. 21213

FOR THE STATE OF THE SECOND SE SEAT OF TRACE SIMPLEY STATE OF STATE OF A ST The state of the s

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2	2	14	3
6-	Con	O	

		REGISTRAR				CERTIF	ICATE OF E	EATH		REG. NO			
		CEASED NAME OR PRINT)	FANNIE		enson	FLET	CHER		AUGUST			AY YEAR	2:50 A
	1.50	F		RACE		5. DATE O		YEAR 11	6. AGE IN YEAR			IF UNDER I YEAR	IF UNDER 24 HRS
2		HIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF V					MARRIED NEVER MARRIED		9 BALTIMORE Bal	city <u>or</u> timor			
Baltimore			Mary	and Gen	iera is Ho	120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Unemployed							
N	M[136 COUNT		Baltim	IOWN	13d INSIDE C	NO 🗆	13e STREET ADI			Apt.61	4 21201
) [Milard	400	IDDLE		son	Eff			M		Slow	
		VAS DECEASED EVE YES NO OR UNKNOWN) NO	AS DECE ASED EVER IN U.S. ARMED FORCES? 5 NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)		166 SOCIAL SECURITY NO. 213-18-5958		Shirle	y Jame	s 3010			212	207
RCATION	CERTIFICATION	PART 2 OTHER SIG	se last GNIFICANT CO	ONDITIONS CO					20a AUTOPS		20b. IF YES, IN CERTIFY	, WERE FINDII YING CAUSES	NGS USED S OF DEATH?
2	MEDICAL CERT	OR CONTRIBUTING	ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR EITHER NOTIFY MEDICAL EXAMINER) 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2) INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE FARM ETC.) 21f. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2) 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2) 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2) 21d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2) 21d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2) 21d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2) 21d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2) 21d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2)										
		To I certify that (X(this hospital) attended the deceased from August 19 1986 to August 20 1986, that X (we) last the deceased alive on August 20 1986, and that in X(X) (aur) apinion death accurred on the date and hour and from the causes stated obtain (X(we) (did)) (X(X)X) view the body after death DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN STAFF PHYSICIAN DIRECTOR PHYSICIAN STAFF PHYSICIAN DIRECTOR PHYSICIAN STAFF											
				D. Hoga					Genera	-	spita	1	
		BURIAL, CREMATION SPECIFY) Rurial	N, REMOVAL	8/25/8		23c NAME OF C	Aom Die		23d LOCATIO	IOWN		COUNTY	STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

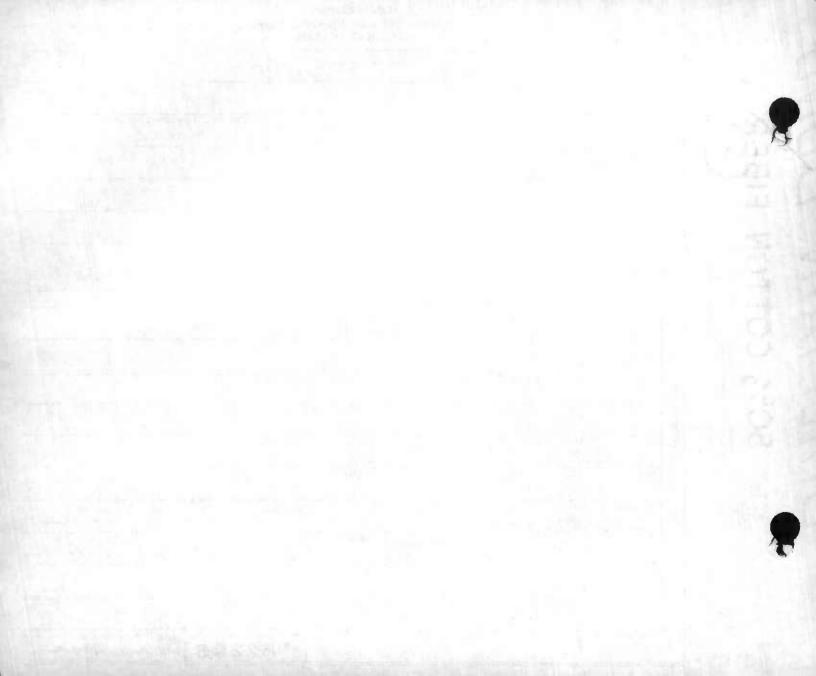
Wm C March F/H West

24 FUNERAL DIRECTOR

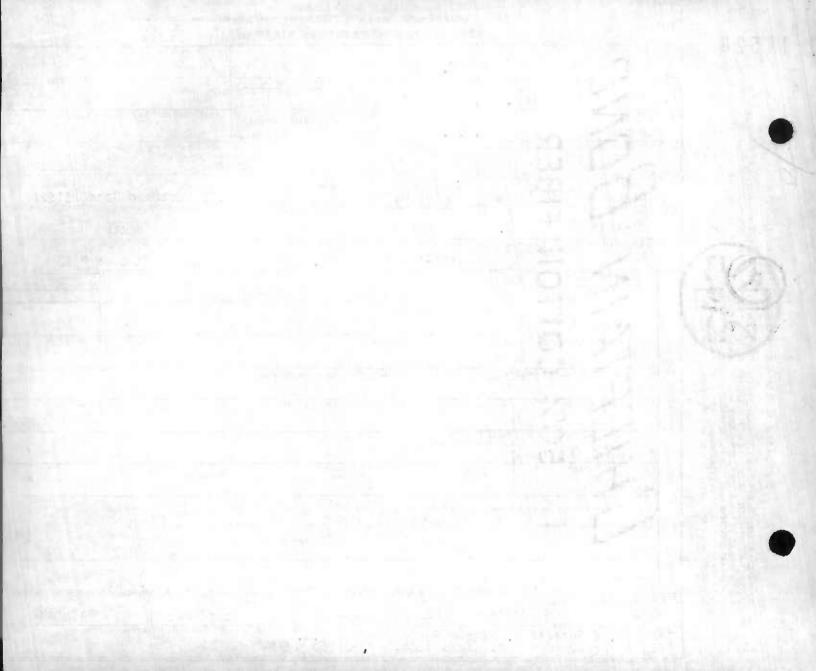
4300 Wabash Ave

Randal Istown, Md.

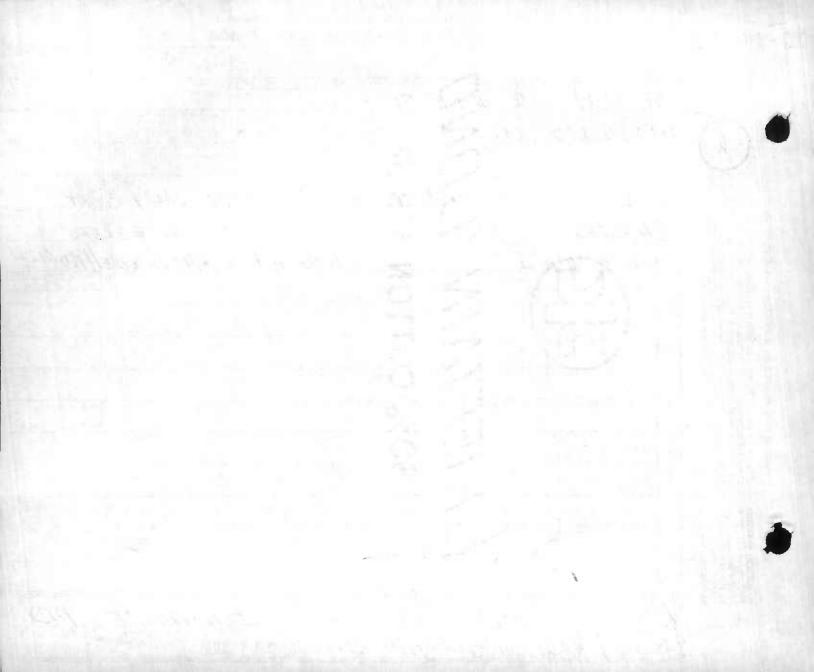
622 1986 Julia Varidon Mandalle



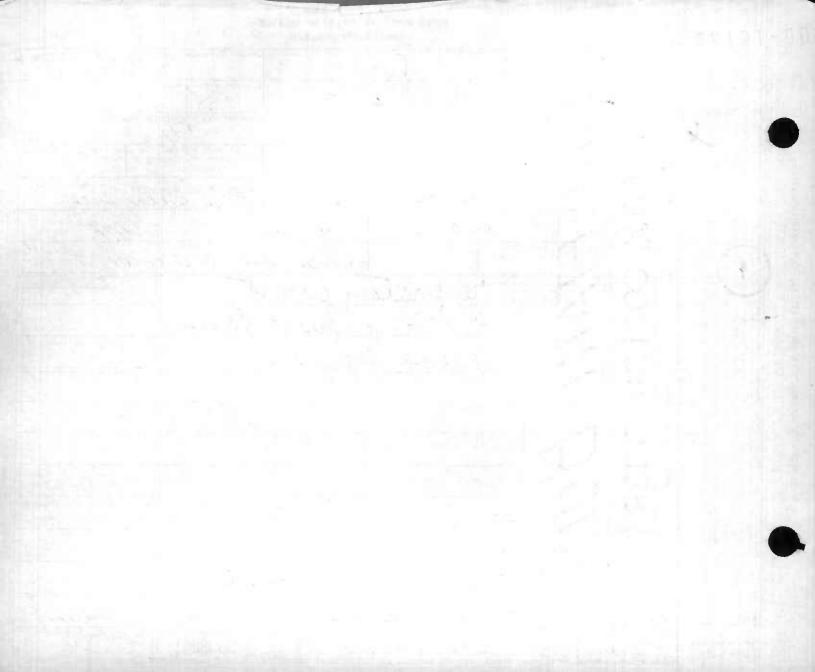
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO L DECEASED NAME 2a DATE KNOWN TO MONTH LTYPE OR PRINTI OF ESTI-T. DEATH MATED 8 Ellen 4 10 86 Fogarty 4 RACE DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR 2d HOUR IF UNDER 24 HRS DATE PRONOUNCED White Nov. 30, 1904 Female DEAD 86 19 75 CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED Maruland U.S.A. WIDOWED X Baltimore City DIVORCED IN CITY OR TOWN OF DEATH 1) NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 17a USUAL OCCUPATION TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY FOR MOST OF WORKING LIFE) Housewife Own Home Baltimore St. Agnes Hospital 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 315 Waveland Road 21228 Maryland Baltimore Catonsville 15 MOTHER'S MAIDEN NAME Michael McHugh Ellen Neary 164 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS TYES, NO. OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 212-05-6130 M. Kathleen Fogarty Same as # 18. CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY. Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 190 DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] NOX 71a EXTERNAL CAUSE WAS 215. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 211 LOCATION 71d INJURY OCCURRED AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE STEALLIMORE, MARYLAND 22a I certify that I took charge of the remains described above, held an Autopsy and in my opinion Notural causes X death resulted from: Hamicide Undetermined monner TITLE (SPECIFY) ACTUAL M.D. Assistant MEDICAL EXAMINER 8/4/86 SIGNATURE EXAMINER'S NAME William M. Zane, M.D. 111 Penn St. Balto., MD. (TYPE OR PRINT) 230 BURIAL CREMATION REMOVAL 236 DATE 23d LOCATION Maryland Burial New Cathedral Cemetery 8/6/86 Baltimore 07/84 1630 Edmondson Avenue, Catonsville, mD. 21228 AIG 5 386 25M **DHMH - 17** (VR A15 ME (5))



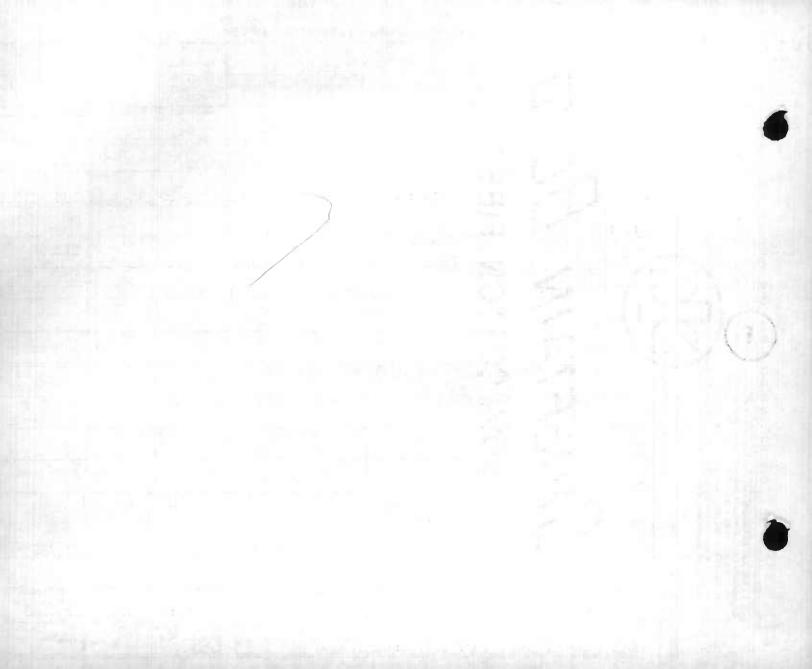
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR DECEASED NAME 20. DATE KNOWN MONTH 26 HOUR LITTE CH PRINTS ESTI-DEATH MATED John Foos 7/19 86 4 RACE 6 AGE (IN YEARS IF UNDER 1 YR. 5. DATE OF BIRTH IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD 7/1986 9. BALTIMORE CITY OR COUNTY OF DEATH BUTT-PLACE (STATE OR MARRIED NEVER MARRIED Baltimore City, WIDOWED . DIVORCED 🔀 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE) OR INDUSTRY Baltimore 2217 Canary Court USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 13d. INSIDE CARY LIMITS? 13e STREET ADDRESS U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple Injuries IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH-RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2} HOUR A.M. MONTH DAY YEAR UNDERLYING A OR CONTRIBUTING CAUSE OF DEATH ? P.M. 8/ 7/ 19 86 subject fell down steps 21d INJURY OCCURRED 21e PLACE OF INJURY (ATHOME. II. LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK 2217 Canary Court, Baltimore City, home TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE. PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PAFER DEATH WITHHEST BALLIMORE, MARYLIMORE, M Autapsy X 220. I certify that I took charge of the remains described above, held on Inquiry ond in my opinion Accident X death resulted from: Suicide Hamicide Undetermined manner Natural couses TITLE (SPECIFY) ACTUAL SIGNED_ 8/8/86 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Ann M. 111 Penn St., Balto., Md. 21202 TYPE OR PRINT) ADDRESS. 07/84 25M 250. DATE REC'D. BY REGISTRAR 356, REGIST AS SEED WHILE JNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5))



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 2a. DATE OF DEATH (TYPE OR PRINT) 6. AGE IN YEARS LAST BIRTHDAYS IF UNDER I YEAR IF UNDER 24 HRS To. BIRTHPLACE ISTATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED MARYLAND WIDOWED DIVORCED | 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 170 USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 21216 130. STREET ADDRESS & ZIP CODE STREET 136 COUNTY BACTIMORE 13d INSIDE CITY LIMITS? 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME THERESA 3022 BAKER 5. 21216 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) I IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditians, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 70a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO M 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 716 INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY CITY OR TOWN (AT HOME STREET, FACTORY OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this happital) attended the deceased fram_ and that in (my) (our) apinion death occurred on the date and hour and from the causes stated 77% SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN THE PHYSIC AN SMAME (TYPE OR PRINT) 22e ADDRESS 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY MO. NAT. MEM. PK. Bureal 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE: DHMH - 16 60M 7/84 E. Phillips 1721-2 APPREN. MONRUE S. (VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFIC REGISTRAR MIDDLE I. DECEASED NAME 20. DATE KNOWN X MONTH YEAR 7b HOUR [TYPE OR PRINT) ESTI-DEATH MATED 8 9/ Audrev Foster 86 19 4 RACE DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE 25 HOUR FUNERAL DIREC 5 FOR YOUR 1 0, WITHIN 2 HG YEAR LAST BIRTHDAY PRONOUNCED DEAD Female White 19 10 76 1986 TO CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OF MARRIED NEVER MARRIED FOREIGN COUNTRY) WIDOWED 3 DIVORCED Baltimore City Maryland FILED, W O CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION LTYPE OF WORK 126 KIND OF BUSINESS HE NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OR INDUSTRY FOR MOST OF WORKING LIFE! Homemaker Baltimore 1820 Spence St. N D D D USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 13d INSIDE CITY LIMITS? 13c CITY OR TOWN 13e STREET ADDRESS Baltimore Maryland 1820 Spence St. Apt. NO [] 104 21230 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST FIRST LAST MIDDLE William Kramme Mary Foltz 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS 21230 (YES, NO, OR UNKNOWN) 218-48-0970 Edward W. Foster, Sr. 1923 Harmon Ave 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last USED AS A BIL OF HEALTH AN IRIAL, CREMAN PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to DIVISION OF VITAL RECORDS CERTIFICATION 19g DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? INTEREMENT THE WORLD THE WORLD THE CHILL TO REPORT TO THE CHILL TORE PAGE 3 SHOULD BE UK YES . NO X 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY TIC HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 23 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f. LOCATION STREET, FACTORY, FARM, FTC. STREET CITY OF TOWN COUNTY STATE WHILE AT WORK TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR. PAGE 4 SHOULD BE FORWARD TO FUNRE, PAGE AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120 22a. I certify that I took charge of the remains described above, held on Autopsy Inspection and in my apinian death resulted from: Natural couses X Homicide Undetermined monner TITLE (SPECIFY) **ACTUAL** M.D. Assistant MEDICAL EXAMINER 8/10/86 SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. 111 Penn St. TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 8/13/86 Maryland Burial Glen Haven Mem. Pk. Glen Burnie A.A. 07/B4 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** whis Davidson-Randalles (VR A15 ME (5)) Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

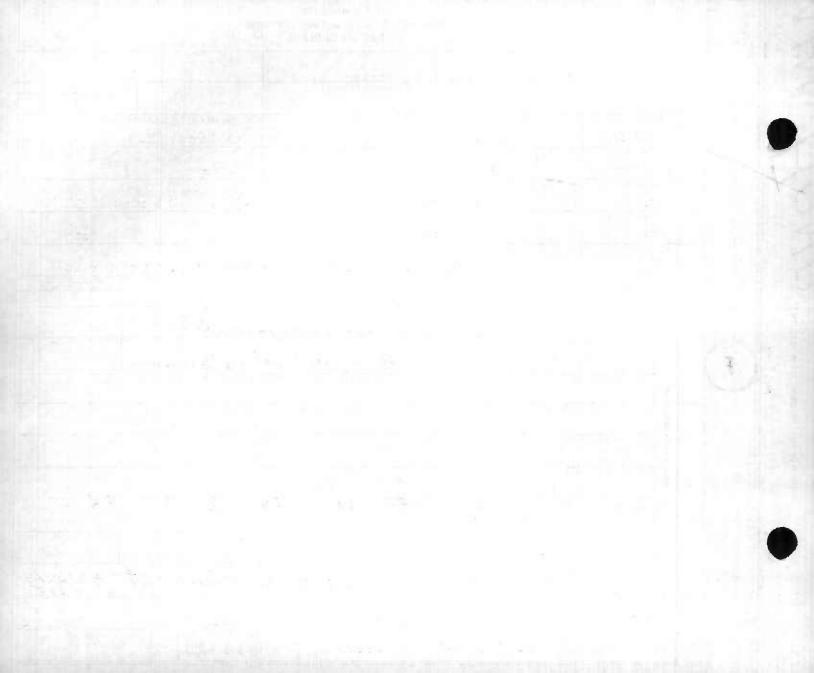


Wm.c. March F/H Inc. 1101 East North Avenue

rena varidon-us

DHMH - 16 60M 7/84

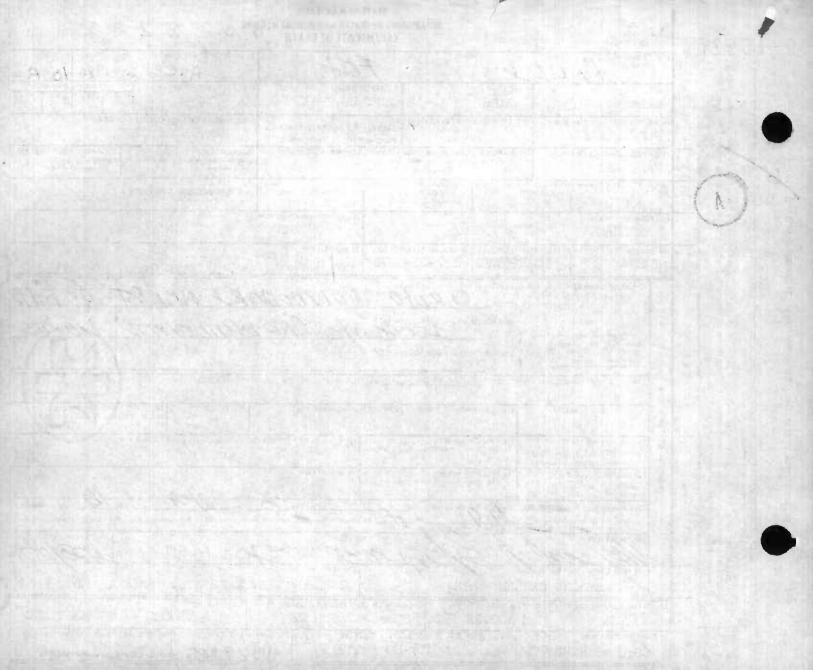
(VRA 15, 4)



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME MIDOLE 29 DATE OF DEATH 2b. HOUR (TYPE OR PRINT) 3. SEX 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS To BIRTHPLACE & ISTATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED -WIDOWED DIVORCED [ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF ISINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BALTIMORE, MARYLAND 21 136_COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRES 14 FATHER'S NAME 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO. 17 INFORMANT I HE YES, GIVE WAR OR DATES) NO OR UNKNOWN) APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY PRESTON ST., IMMEDIATE CAUSE IQ DUE TO, OR AS A CANSEQUENCE OF HEAVY DISCUSSE Conditions, if ony, which gave rise to immediate cause (o), stating the DUE TO OR AS A CONSEQUENCE OF underlying cause lost ö 0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION a 190 DATE OF OPERATION 20a AUTOPSY? 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED Ö IN CERTIFYING CAUSES OF DEATH? YES T NO NO F 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH and Mental MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 218 INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE AT WORK 27 1 certify that (Within haspital) anded the deceased fram_ 06 (our) opinian death accurred an the date and have and fram the causes stated and that in (n did not view the bady after death. 77h 59G6 DEGREE ATTENDING be deru MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22e. ADDRESS should be with the S 0 23g. BURIAL, CREMATION, REMOVAL 23b. DATE 231. NAME OF CEMETERY OR CREMATORY BP. DHMH - 16 50M 1/76

(VR A 15 (4))

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 28. DATE OF DEATH MONTH VEAD 26. HOUR DECEASED NAME TYPE OR PRINTS 20-1986 ALC & AGE LIN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR RACE 5. DATE OF BIRTH 3 SEX HOURS. OCT . 29, 1911 YEAR 74 WHITE MALE 9. BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? To. BIRTHPLACE ISTATE OR FOREIGN MARRIED NEVER MARRIED BALTIMORE CITY PENNSYLVANIA USA DIVORCED [WIDOWENK NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR 10 KAY CRECUROUS DEATH 17n USUAL OCCUPATION PRINTER OST OF WORKING LIFE PRINTING MARYLAND USUAL RESIDENCE (IF MURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? GOTET SANZO ADCODE BALTIMORE MARYT, AND 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE LAST EIRS ANNA MATOFSKY ABRAHAM FOX MR. ALAN FOXPRESS 166 SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? YESO OR UNKNOWN 217-05-8278 WATTENAVY 118SUNNYKING DR. REISTERSTOWN, 18 CAUSE OF DEATH (Enter only one couse per line for (a), 1b', andic PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE 10) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS. CATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NOF YES [NO [210 ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART ?) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 19 (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME STREET FACTORY OFFICE FARM, ETC 1 NOT WHILE 22a I certify that (I) (the bospilal) attended the deceased from and that in (my) (or) opinion death accurred on the date and hour and from the causes stated sow the deceased alive on. oboye, (1) (west did) (did not view the body ofter about DEGREE THE DATE SIGNED 176 SESSIATURE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN should be d with the Sta IMPORTANT 1224 PHYSICIAN'S NAME THE OR 72e ADDRESS 2435 W. BELVEDERE AVE. RAYMOND CAPLAN, M.D. 23d LOCATION 23a BURIAL CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY HEBREW YOUNG MEN BALTIMORE MARYLAND BURTAL AUG. 22, 1986 BP SOL LEVILNSON & BROS., INC. 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 BALTO MD 21215 6010 REISTERSTOWN RD. AUG 2.7 1986 Sulia Davidson Mandam (VRA 15, 4)



ther death 2

FOR

STATE OF MARYLAND

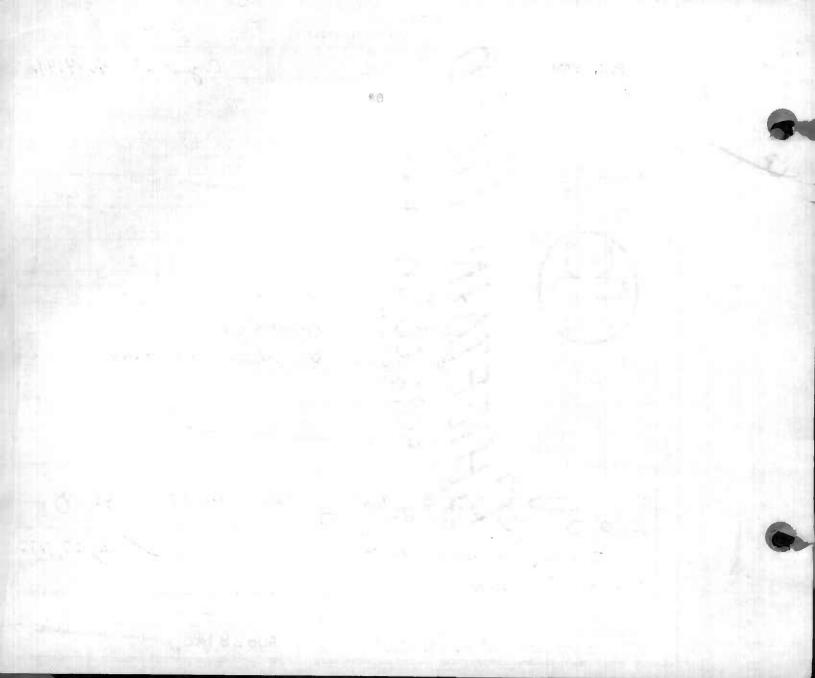
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	- STATE REGISTRAR		CERTII	FICATE OF DEATH	REG. NO.	0 4 0	
1	1. DECEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH MONTH D	YEAR 26 HOUR	-
I	RUTH	ANNA	F	OX	august 27	1986 4:4	10M
I	3. SEX	4 RACE,	S. DATE	OF BIRTH		IF UNDER 1 YEAR IF UNDER 24	
1	FEMALE	WHITE	AU	20 1914 YEAR	72 YRS	ONTHS DAYS HOURS	MIN.
đ	BIRTHPLACE I STATE OR FOREIGN	76 CITIZEN OF WHAT COU	NIRY? 8		9 BALTIMORE CITY OR COUNTY	OF DEATH	
2	MD.	U.S.A.	WIDOW	D NEVER MARRIED DIVORCED	BALTIMORE, CITY		MD.
1	NO CITY OR TOWN OF DEATH BALTIMORE	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY GIV UNION MEMO	OURSING HOME (E STREET ADDRESS) RIAL HOS	OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE HOMEMAKER	126 KIND OF BUSINESS	-
1	USUAL RESIDENCE (IF NURSING HOME OF 136. STATE 136 COURSE)	NTY 13c CITY O	TMORE	13d. INSIDE CITY LIMITS? YES NO 15. MOTHER'S MAIDEN NAMERS!			
A	WILLIAM WA			MARY	MIDDLE LINKNO	LAST	
1	IAO WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIA	L SECURITY NO.	17. INFORMANT	ADDRESS	MIN	
	(YES, NO OR UNKNOWN) (IF YES, GIV	213-0	3-5961	PAUL M. FOX	(SON) SAME ADDRES	SS '	
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT (190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING 120 ACCIDENT WAS UNDERLYIN	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO		Notice Kumor Ablus Sc NOT RELATED TO THE TERMI		N IN PART 1:0	
	,		3.23			ING CAUSES OF DEATH	,
1	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONT	H DAY YEAR	4-1.2.1.3	ED (ENTER NATURE OF INJURY IN ITEM IS PAI	RT OR PART ?}	
	AT WORK AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY, C	-4	216 LOCATION STREET	CITY OR TOWN	COUNTY STAT	t E
		ottended the deceased	19 86,00		eoth occurred on the date and hour	and from the couses state) lost
	THE PHYSICIAN'S NAME OFFICE STAR	Alle	- Mi	He ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	220. DATE SIGNED Oug 27, 19	28
	230 BURIAL, CREMATION, REMOVAL		23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION		
1	SPECIFYI BURIAL	8/30/86		EDEEMER	BALTIMORE	MD.	t
	3331 Brehms L	VERAL HOME, II ane, Balto. M	C. 21213	250. DATE	REC'D BYREGISTER 239 REGISTER	SERVICIONA MANDA	

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

IMPORTANT: If Nem 21 is morked or Nem 18 shows ony injury, or other troumotic event, In-



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE 26 HOUR KNOWN (TYPE OR PRINT) OF ESTI-20/19 86 Franklin Haze 4 RACE AGE (IN YEARS 3 SEX S. DATE OF BIRTH IF UNDER 24 HRS 10:23 DATE MONTH LAST BIRTHDAY PRONOUNCED DEAD 60 To BIRTHPLACE (STATE OR Th. CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED FOREIGN COUNTRY WIDOWED DIVORCED Maryland Baltimore City U.S. 8. 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE! OR INDUSTRY N/A Baltimore Agnes Hospital 13g. STATE 13c CITY OR TOWN 13e STREET ADDRESS 136 COUNTY 13d INSIDE CITY LIMITS? 2608 Puget Street 21230 NO [Maryland Baltimore 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIODLE Burlv Ida Bowie George 7 INFORMAN 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO ADDRESS LYES NO OR LINKNOWN) UNKNOWN Gene Butler 1413 Nellwood Avenue 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [NO W 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 0 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21e PLACE OF INJURY (AT HOME. 21d INJURY OCCURRED 21f LOCATION STREET, FACTORY, FARM, ETC.1 STREET CITY OR TOWN WHILE AT WORK TO MEDICAL EXAMINER: IN EXECUTE THE CERTIFICATE. V PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE STABALTIMORE, MARYLAND, 2 22a. I certify that I took charge of the remains described above, held an Autopsy death resulted tron Natural causes Homicide Undetermined manner DATE 8/20/86 MEDICAL EXAMINER EXAMINER'S NAME Dennis F. Smyth. 111 Penn St. M.D. (TYPE OR PRINT) ADDRESS 23g BURIAL, CREMATION, REMOVAL 23b DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE Burial 8/24/86 Eastview Baltimore Marvland 07/84 BP 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH - 17** WM.C. March F/H Inc. 1101 E. North Avenue (VR A15 ME (5))



STATESOF MARYLAND

DHMH - 16 60M 7/84 (VRA 15, 4)

1300 Eutaw Place Chas.A.Rice FSPA

250. DATE REC'D. BY REGISTRAR 256 RECUSTRAR'S SIGNATURE DO

1 - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	
0	
~	

REGISTRAR			CERTIFICATE OF DEA	TH	REG. NO.	in the	Che	6.4	
1. DECEASED NAME	FIRST	MIDDLE	LAST		20 DATE OF DEATH MONTH	DAY	YEAR	2b. HOU	R
(TYPE OR PRINT)	Elizabeth	S.	FREIMANN		August 18, 1	986		12:0	001
3. SEX	4 RACE		5. DATE OF BIRTH		6 AGE (IN YEARS LAST BIRTHDAY)		RIYEAR	IF UNDER	24 HR
Female	Whi	te	10-11-1911	YEAR	74 YR	S	DATS	HOURS	WIL
To. BIRTHPLACE (STATE	OR FOREIGN 76. CITIZET	OF WHAT COUNTR	Y? 8 MARRIED X NEVER MAR	RIED	9 BALTIMORE CITY OR COUN	ITY OF DE	ATH		
Md.		U.S.A.		CED	Baltimore Ci	ity			٨
10 CITY OR TOWN OF			ING HOME OR OTHER INSTITU	TION	120 USUAL OCCUPATION			F BUSINE	SS C
Balitmore		in such facility, give stri laryland Ge	eneral Hospital		Ret. R.N.	G LIFE) IND	OUSTRY		

	Balitmore	(IF NOT IN SUC	MOSPITAL, NURSING HOME (THEACILITY, GIVE STREET ADDRESS) Yland General		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Ret. R.N.	126 KIND OF BUSINESS OR INDUSTRY
200	USUAL RESIDENCE (IF NURSIN 130 STATE	G HOME OR OTHER INSTITUTION 36 COUNTY	GIVE RESIDENCE BEFORE ADMISSION) 13(CITY OR TOWN Balto.	13d INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS / ZIP CODE 2812 Kildaire Dr	r. 21234
	John	MIDDLE	Sewell	15 MOTHER'S MAIDEN N. Effie	WIDDLE	nknown
	160 WAS DECEASED EVER IN (YES, NO OR UNKNOWN)	U.S. ARMED FORCES? (IF YES GIVE WAR OR DATES)	166 SOCIAL SECURITY NO. 218-30-5516	William B.	ADDRESS Freimann, Same as	13e
	PART I. DEATH WA	MMEDIATE CAUSE (0)	Respiratory a	arrest		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, gave rise to imme couse (o), stoting underlying couse	ediote the DUE TO, O	Carcinoma of			
	PART 2 OTHER SIGNS	FICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIVE	N IN PART 110

190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?		
			YES NO	YES 🗌	NO 🗌	
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c HOW INJURY OCCU	JRRED (ENTER NATURE OF IN	JURY IN ITEM 18 PART 1 OR PART ?	2)	
ZId INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR	TOWN COUNTY	STATE	

270	I certify though (this hospitol)	offended the deceased from	UUI	1 44	, 19_00	to August	10	9 00,	thot A (we)) 1
	sow the deceosed alive on obove, in (we) (did) (did) and v	August 18 19.	86	and that in (mg/)	(our) opinion deotl	n occurred on the d	ote and hour	ond from the	couses state	d
2.2h	SIGNATURE			DEGREE				224 DATE	SIGNED	

8/18/86 MEDICAL STAFF
DIRECTOR PHYSICIAN

c/o Maryland General Hospital

TAN, MD WILLIAM 236 DATE 231. NAME OF CEMETERY OR CREMATORY

236 BURIAL, CREMATION, REMOVAL (SPECIFY) **Burial** 8-21-86 24 FUNERAL DIRECTOR

Baltimore

Leonard J. Ruck, Inc., 5305 Harford Rd.

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE
AUG 18 1986

wa very doon-handale

PORTANT.

DHMH - 16 60M 7/B4 (VRA 15, 4)

CERTIFICATIC

MEDICAL

. .

Totalian stime camer

. E. E. . Jes

F 184-19 X

. M. . . oring

AND AND THE COLUMN STEEL M. COLUMN THE COLUMN STEEL AND ADDRESS AN

Joins Savell Like Union

of - o-solo Riverba . Feet van. Joseph 176

oromities al-19-8 land

.a broise coi, our seul a cranca

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2 2 3 2

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

juna dandor forgass

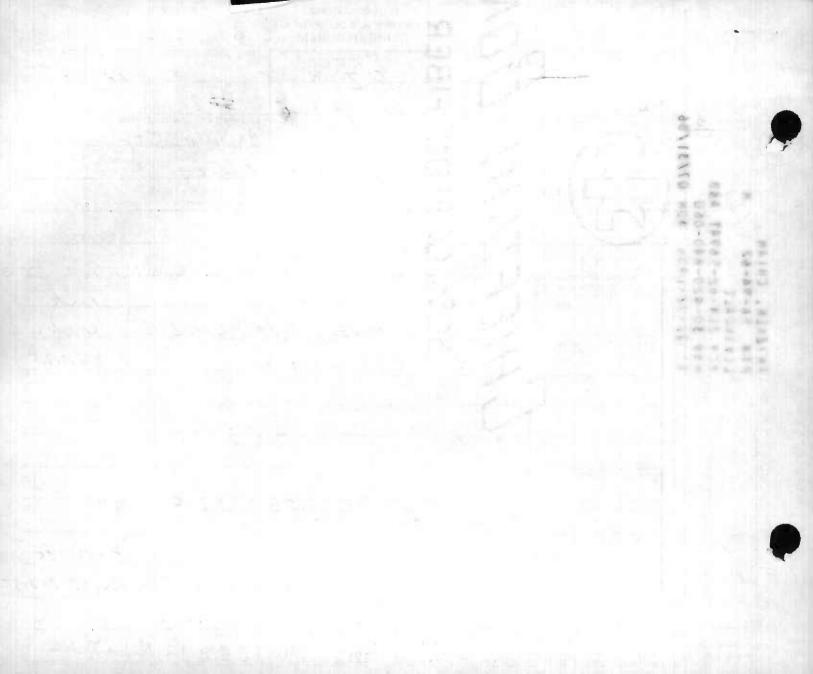
REGISTRAR				CERTIF	ICATE OF DEATH	0 0	REG. NO.	0 63	2
DECEASED NAME	FIRST	, , , ,	MICIDLE	į	AST	2a DATE OF D	EATH MONTH	DAY YEAR	26. HOUR
	aul Os	car F	reter			I I	lugust 22 1	986	63AM
SEX	4.	RACE		5 DATE C		6. AGE (IN YEAR	S LAST BIRTHDAY)	MONTHS DATE	HOURS MIN.
Male	188	Caucas	sian	Jur	ne 10 1897	89	YRS.	DATS	MIN.
BIRTHPLACE (STATE	OR FOREIGN 76	CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9. BALTIMORE	CITY OR COUNT	Y OF DEATH	
Maryland	-37	U.S.A.		WIDOWE	9.7	Balti	more City		MD.
O CITY OR TOWN OF	EATH	NAME OF H	HOSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION	120 USUAL OC			OF BUSINESS OR
Baltimore		Luther	an Hospita	11/110	E CALIFUL	Carpen	ter		on Institute
Maryland	Balti		GIVE RESIDENCE BEFORE 13c CITY OR TOW Baltim	N	YES NO XX	130 STREET AD 3507	DRESS / ZIP COD Meadowside	Road	21207
FATHER'S NAME	WIG	CILE	LAST		15. MOTHER'S MAIDEN NA		MIDDLE	14	AST
Henry Frete					Ernestine H	einlzman	MODE		(3)
DECEASED EV	ER IN U.S. ARME		166 SOCIAL SECU	RITY NO.	17 INFOMMAN Durant	Freter	ADDRESS		21208
Yes	WWI	AN OR GATES!	217-07-	-5099	118 Sudbroo	k Lane	Pikes	rille	Maryland
PART 2 OTHER SI	GNIFICANT CON				PROLLMOND NOT RELATED TO THE TERM N WAS PERFORMED		5Y2 20b. IF YI	IVEN IN PART 1 ES, WERE FIND IFYING CAUSE	INGS USED
Ē						YES 🗆 🖪	_	ES [NO [
OR CONTRIBUTING L (IF EITHER NOTIFY M 21d. INJURY OCCI	CAUSE OF DEATH	P.I	M. MONTH DA M.	19	21c HOW INJURY OCCUR		E OF INJURY IN ITEM 18	PART (OR PART 2)	STATE
22a.1 certify that sow the dece obave, (1) (we 22b. SIGNATURE	(l) (this hospitol) osed alive an) (did) (did not) v	7-2	-219		7 - 8 , 19 -	deoth occurred o	on the date and ha	_	
Sligh	A H	aslin	u		MO ATTENDING PHYSICIAN F	MEDICAL	STAFF PHYSICIAN DC	S- 3	E SIGNED
22d. PHYSICIAN'S SHER	NAME (TYPE OR PR	HASHI	ui		730 ASABUI	RONS	T BAL	TIMOR	E 21216
BURIAL, CREMATIO	N, REMOVAL	23b. DATE 8/25/8			emetery or crematory	23d LOCATH	IOWN	Carroll	Maryland

Loring Byers Funeral Directors, Inc.

8728 Liberty Road Randallstown, Maryland 21133

DHMH - 16 60M 7/84 (VRA 15, 4) 24 FUNERAL DIRECTOR

All god Ax . . . Area COSTS AND TO STATE OF THE STATE Bills bearing a secondaries from photos Sid



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 20. DATE OF DEATH 2b HOUR FRIZNER 10:34 AN 4 RACE 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS YEAR 68 WHITE 1917 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA WIDOWEDXX DIVORCED [] BALTIMORE_CITY 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR "N.CHARLES GEN. HOSP. IND ATRY HOME HOUSEWIFE USUAL RESIDENCE (IF MURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13BALTIMORE 13d INSIDECITY LIMITS? 133601 AFORDS LAODE APT. 119 YES X #21215 15 MOTHER'S MAIDEN NAME KATT OVA UNKNOWN TOBA 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT MR. PAUL FRIZNERS (IF YES, GIVE WAR OR DATES) 214-62-5737 3955 McDONOGH RD. RANDALLSTOWN, MD APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
PART I, DEATH WAS CAUSED BY amest Candlo pulmonary IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Septic shock STEPHU EPHEUS PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 Encephalopatry, device and chronic renal feuiline, metahalic colding, Heart feuiline 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20e AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES T 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21e. PLACE OF INJURY 211 LOCATION COUNTY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) STREET CITY OF TOWN STATE 22a. I certify that (I) (this haspital) attended the deceased from. and that in (my) (our) apinion death occurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF 8117186 PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT)

0

DHMH - 16 60M 7/84 (VRA 15, 4)

230. BURIAL CREMATION, REMOVAL SPECEBURIAL

AUG.18,1986

236 NAME OF CEMETERY OR CREMATORY HAR SINAI

21215

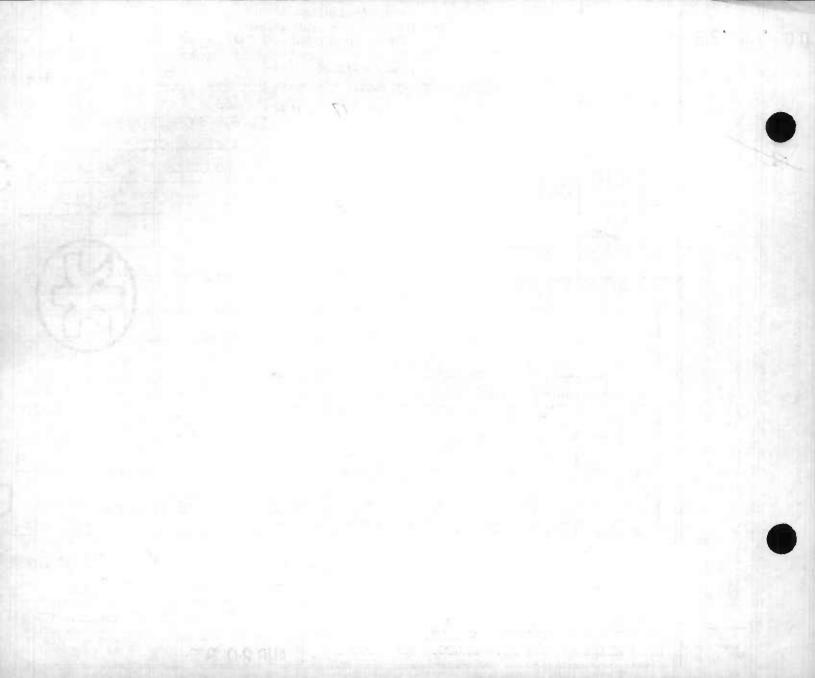
24 FUNERAL DIRECTOR SOL LEVINSON & BROS. INC. 6010 REISTERSTOWN RD. BALTORES MD

DESAI

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

OWINGS MILLS " BALTO.

1. 2. K : bear board age



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. I. DECEASED NAME 20. DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) Wade poge r STANLEY FRY AUGUST 28 986 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 3 SEX Jan. 23, DAY 1916 YEAR Male. White TO BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED OUNTRY Maryland U.S.A. BALTIMORE CITY WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OF IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ITYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY BALTIMORE THE JOHNS HOPKINS Animal Care Government USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION Prederick Adams town 130 STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? Maryland 5146 Doubs Road 21710 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Samue 1 Wesley Taylor Fry Maggie 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT Mrs. Mary Fry 5146 Doubs Road 220-09-3959 Adamstown, Md. 21710 None 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), PART I, DEATH WAS CAUSED BY. CARDIO PULMON ARY ARREST 10 minutes IMMEDIATE CAUSE (D) DUE TO, OR AS A CONSEQUENCE OF SEPSIS Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF RENAL FAILURE underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CARDIOMYOPATHY 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NON NO M 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME. STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that M (this haspital) attended the deceased from AUGUST to AUGUST sow the deceased alive on AUGUST 28 above, (Mee) (did) (did not) view the body after death. .19______, and that in (ppf (our) opinion death occurred on the date and have and from the causes stated DEGREE 226. SIGNATURE 22c. DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) TOHN'S HOPHINS HOSPITAL E. NIELSEN L015 21205 600 N WOLFE ST 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY (SPEGEY)urial Frederick, Frederick, Md. Mt. Olivet Cemetery Aug. 30, 1986 24. FUNERAL DIRECTORmith, Keeney & Basford Funeral Home DHMH - 16 60M 7/84 106 East Church St., Frederick, Md. 21701 Dandon Kandas (VRA 15, 4)

Table on the first on the same with

The state of the s

.

FOR
- STATE
REGISTRAR

STATE OF MARYLAND

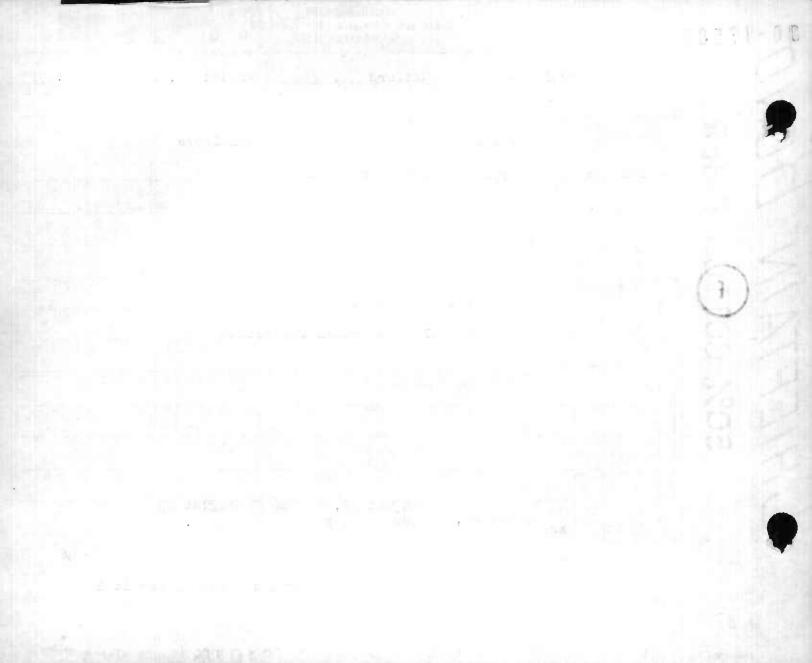
DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

REG. NO.

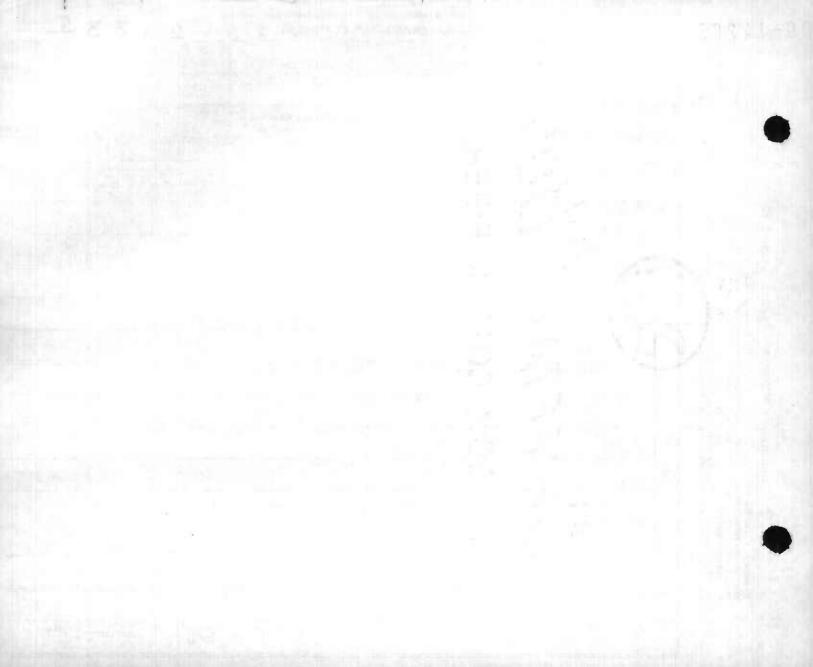
		CEASED NAME FIRST	۸	AIDDLE	į.	AST	20. DATE OF DEATH	MONTH	DAY YEAR	26. HOUR
		Archi	V	Ga	fford		August 20			8:47Pm
	3 SE	X	4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIR	[HDAY]	MONTHS DAYS	HOURS MIN,
		Male	Black		9	15 15	70	YRS		
2		IRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	9 BALTIMORE CITY C	R COUNT	Y OF DEATH	
-		Virginia	U.S.A.		WIDOWE		Baltimore		ty.	MD.
C	10. CI	ITY OR TOWN OF DEATH		HOSPITAL, NURSING HEACILITY, GIVE STREET A		OR OTHER INSTITUTION	12a. USUAL OCCUPAT		126. KIND (OF BUSINESS OR
0		Baltimore	Maryl	and Gene	ral H	Mospital	N/A			
2	USU:	AL RESIDENCE (IF NURSING HOME O STATE 136 COU		GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP COL	DE	
		Md.	And State of	Balto.		YES NO	1506 W. I			e. 21217
	14. FA	ATHER'S NAME	MIDDLE	_ LAST		15. MOTHER'S MAIDEN NA	WE	100	14	ST
		Archie		Gafford	,Sr.	Beatrice			Wali	ker
	16a V	WAS DECEASED EVER IN U.S. AI	MED FORCES?	166 SOCIAL SECUR		17 INFORMANT	ADDR			
		YES OR UNKNOWN) (IF YES GI		204-22-	1463	Emma Carter	149 Colvin	Stree	et	
		18 CAUSE OF DEATH (Enter o	nly one couse per	line for (a), (b), and	lic				BETWEEN	XIMATE INTERVAL ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Arrythmia									
	1 1									
٦	DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which (b) Possible Myocardial Infarction									
	gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF									
	JN 15	underlying couse last.	(c)		11.34					
	_	PART 2 OTHER SIGNIFICANT	conditions <u>cc</u>	INTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GI	IVEN IN PART 1	10
	CERTIFICATION							0.00		
2	ICA	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YE	S, WERE FINDS	NGS USED
6	RTIF						YES NO	Y	ES 🗌	NO 🗌
2		210 ACCIDENT WAS UNDERLYING CAUSE OF DE	216 TIME OF	FINJURY M. MONTH DA	Y YEAR	SIC HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR PART 2)	
1	CAL	(IF EITHER NOTIFY MEDICAL EXAMINE	ALIT .		19					
	MEDICAL	216 INJURY OCCURRED	21e PLACE C	OF INJURY	IRAN ETC.)	211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
	2	AT WORK NOT WHILE AT WORK				0.5			0.6	
	10	22a 1 certify that X1) (this hasp	ital) attended the			t 22, ₁₉ 86	August	29	19 06	that (IX(we) last
	12	sow the deceased alive or above, (Mwe) (did) (MM)	August	ofter death.	86 , or	nd that in (m (our) opinian i	death occurred on the de	ate and ho	ui and from the	couses stated
		27h SIGNATURE	200			DEGREE			220 DATE	SIGNED
	10	d humas flar	on MO			ATTENDING PHYSICIAN	MEDICAL STAI	IAN P	8/3	30/06
1		224 PHYSICIAN'S NAME (TYPE	_	MO		22e. ADDRESS				1
		nomas	Ganey	M.D.		c/o Maryl	and General	l Hos	spital	
	23a B	BURIAL, CREMATION, REMOVAL	,			EMETERY OR CREMATORY	23d. LOCATION		101111	
		EVRIAL	9/11/	86 M	ount	Zion Cemetery	Lansdown	e,	Mo	STATE
	24 51	INTERNAL DIRECTOR				AC 0.4				

March Funeral Homes 1101 East North Avenue

DHMH - 16 60M 7/84 (VRA 15, 4)



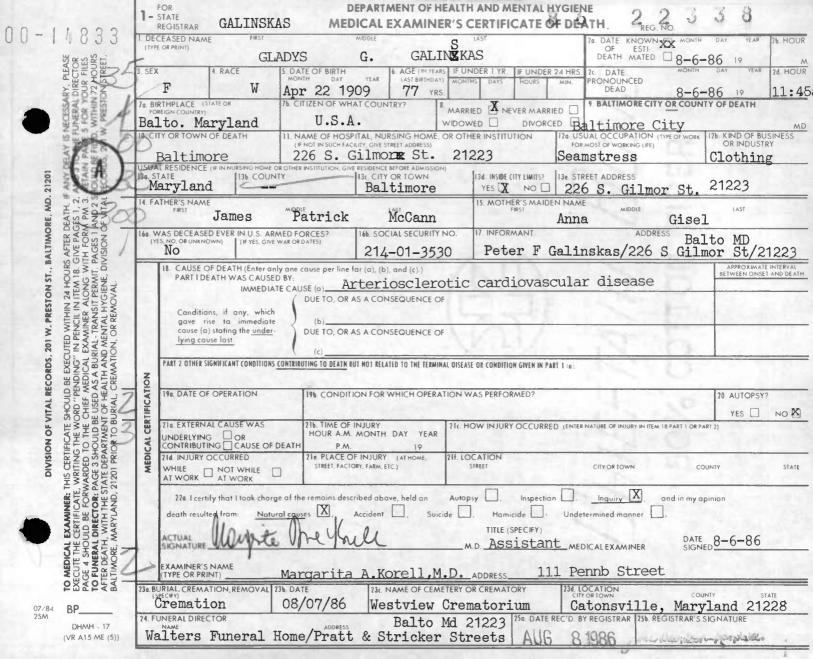
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR . DECEASED NAME 20. DATE KNOWN [] 26 HOUR TYPE OR PRINTI OF ESTI-IS NECESSARY, PLEASE E FUNERAL DIRECTOR. E 5 FOR YOUR FILES. ED, WITHIN 72 HOURS W. PRESTON STREET, TO:86 8-Willie Ann Gaines 4 RACE DATE OF BIRTH 6. AGE (IN YEARS IF UNDER TYR 2d. HOUR IF UNDER 24 HRS DATE 7:45 a. M Female Black YEAR LAST BIRTHDAY) PRONOUNCED 8 25 19 60 YRS DEAD 1986 In BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY) U.S.A. Virginia WIDOWED DIVORCED Baltimore City FILED, IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 3 TO THE FILL IN PAGE FOR MOST OF WORKING LIFE) M 3. RETAIN PA D 2 SHOULD BE F NTAL RECORDS, C Bethune Road Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 13a STATE 136 COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Baltimore Bethune Road YES X NO [817 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Delaware LAST Gaines Turner Bessie 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) Holman 219-16-4538 Mary E. 835 E.Coldspring no 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Hypertensive Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise ta immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Tig CERTIFICATION TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTE THE CRETIFICATE, WRITING THE WORD, "PENI PAGE 4 SHOULD BE FORWARDED TO THE CHIEF AND TO FUNKAL DIRECTOR: PAGE 3 SHOULD BE USED AS AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALT BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CRI 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES | 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 19 THE PLACE OF INJURY (ATHOME 21f. LOCATION STREET, FACTORY, FARM, ETC.1. STREET CITY OR TOWN COUNTY STATE WHILE AT WORK AT WORK Inspection X 220. I certify that Lapak charge of the remains despited above, held an death resulted from Natural cause Underermined monner TOLE (SPECIFY) ACTUAL 8-2-86 Assistant EXAMINER'S NAME Dennis F. Smyth/ 111 Penn St., Balto., Md. 21201 M.D. (TYPE OR PRINT 23a. BURIAL, CREMATION, REMOVAL 23b DATE 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY Baltimore, MD MT. AUBURN BURIAL 8-6-86 BP 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNAL DE JAMES **DHMH - 17** LEROY O DYETT&SON 4600 Liberty Hgts (VR A15 ME (5))

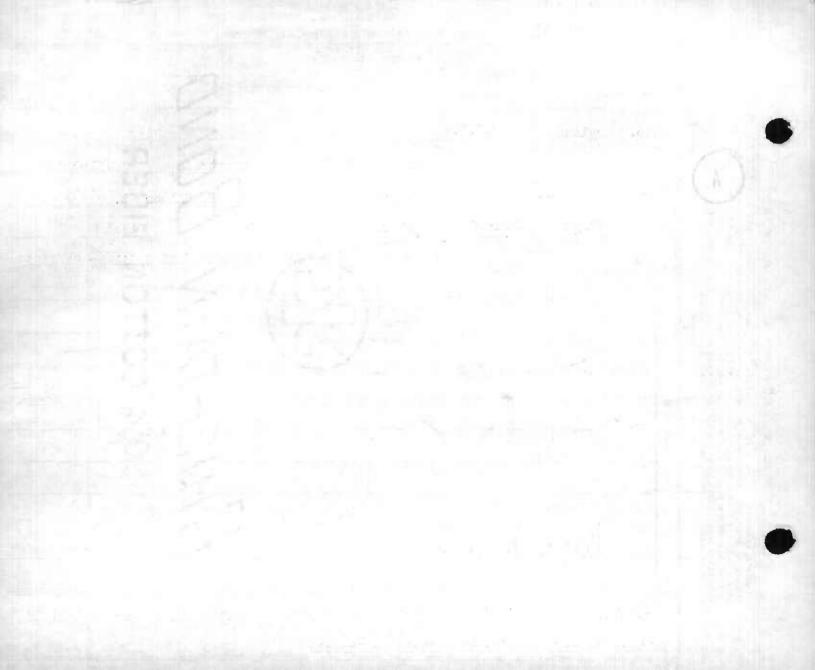


0-14912	FOR STATE REGISTRAR		STATE OF MARYLAND ENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	3 3 6
nay be page 3	1. DECEASED NAME FIRST JOHN	D,	GAISE (GAZINSKI)	AUGUST 8, 19	286 21:04 P
rector. p	M	RACE	5. DATE OF BIRTH 10-15-1914	YRS.	UNDER I YEAR IF UNDER 24 HRS
death. Po	MARYLAND	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY C	PF DEATH
So office.	BALTIMORE	I. NAME OF HOSPITAL, NURSING	S HOSPITAL	12a USUAL OCCUPATION [TYPE OF WORK FOR MOST OF WORKING LIFE] CLERICAL	126 KIND OF BUSINESS OR INDUSTRY B. G. & E.
AND 21	USUAL RESIDENCE HE NURSING HOME OR OF 130 STATE	THER INSTITUTION GIVE RESIDENCE BEFORE A TOWN	13d INSIDE CITY LIMITS?	13 N. ROSE	ST. 21224
makyl, MARYL onded within onded 2 s		GIZINSKI		ZAGETH SUTS	
Cate be executable by the cate of the cate	WAS DECEASED EVER IN U.S. ARM (YES NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)		ADDRESS - 560	21206 19 RemmeDDav
certificate ng physics ban paper ic event, th	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	ane cause per line for (a), (b), and BY. CAUSE (a) CARDIC		REST	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
RESTON ST. e death certifi make and	Canditians, if any, which	DUE TO, OR AS A CONSEQUEN	and a contract the	EMORRHAGE	1 DAY
the desired the de	gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUEN	ICE OF FRENSIVE CEREBROY	ASCULAR DISEASE	5 YEARS
PRDS, 20 requires to suggest the suggest to buring opiny, or	PART 2 OTHER SIGNIFICANT CO	ABUSE	ATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVE	N IN PART 110
NG PHYSICIAN. The law requires the other official physician. The taw requires the official physician is certificate has been signed as the buriol strons the prior to buriol strong Membel Hystene prior to buriol stred or Hern's show only injury, or	CIGARETTE 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	198. CONDITION FOR WHICH C	PERATION WAS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH?
SICIAN: The ng physicial certificate has certificate has certificate has certificate has certificate has certificate has shown as shown as the certification of the certification	OR CONTRIBUTION C CHURCOS OF OF THE	216. TIME OF INJURY HOUR A.M. MONTH DAY P.M.	YEAR 19	RED (ENTER MATURE OF INJURY IN ITEM 18 PAR	T 1 OR PART 2)
UG PHYS offendin fer this os the bu	THE FITHER NOTIFY MEDICAL EXAMINERS 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FAI	PM, ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
TENDII from the or use	22a.1 certify that (1) (this haspita saw the deceased alive an above, (1) (we) idid aid not)		3 - 7 19 86 36 , and that in (my) (aur) opinion o	to 8 - 8 19	
AL Control of the base of the	726. SIGNATURE Kenneth	A. Holroy	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	27c. DATE SIGNED 8-8-86
TO MOSPITAL reformed by th TO FUNERAL with the Stole	224 PHYSICIAN'S NAME (TYPE ORF	J. HOLROYD	22e ADDRESS TO	HNS HOPKINS	HOSPITAL 21205
₽P <u></u>	230 BURIAL, CREMATION, REMOVAL (SPECIFY) 30819L	0 11 01 0	ME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
DHMH - 16 60M 7/B4 (VRA 15, 4)	24 FUNERAL DIRECTOR	- 7527 Narion	a Qa. Zsa DATE	G 1 1 1986	R'S SIGNOUR

	1			STAT	E OF MARYLAND			
-16727	1.	FOR STATE REGISTRAR			EALTH AND MENTAL HYG ICATE OF DEATH	REG. N	2 2 3	3 7
10121		CEASED NAME FIRST	MIDDLE		AST		MONTH DAY YEA	20: 110 011
oy be		DOROTH	14 R	GAI	-E	8 - 8	16-86	545 PM
a po	3. SE	X	1 RACE	5. DATE C		6 AGE (IN YEARS LAST BIR	HDAY) IF UNDER 1 Y	
rs of		-	B	MONTH	-17-18 YEAR	68	YRS.	AYS HOURS MIN.
Po dir	Jan B	RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUN	TRY? 8	D NEVER MARRIED	9. BALTIMORE CITY O		4
or he coth	15	VA	USA	WIDOWE		BALTIMO	RE CITY	MD
e de fo)II' C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU		R OTHER INSTITUTION	120 USUAL OCCUPATI		D OF BUSINESS OR
s of	181	ALTIMORE CITY	INIV. OF MAR		HUSPITAL	UNKNOW		IRY
d in b	USU 130	AL RESIDENCE (IF NURSING HOME OR COTATE 136 COUNT	OTHER INSTITUTION, GIVE RESIDENCE B		124 INICIDE CITY HAUTCO	130 STREET ADDRESS		
S S S S S S S S S S S S S S S S S S S	1	MD RALTO		IMURE	13d. INSIDE CITY LIMITS?		MONDSON	21227
2 sel	14. Fa	ATHER'S NAME			15 MOTHER'S MAIDEN NA	ME	11/10/10/10	11~
d w		TERRY	GO4	1164	ANNA	WIDDLE	TAC	TISON
ical cort		WAS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL	SECURITY NO.	17 INFORMANT	APORE	SS ST NICITO	DIAC ALL
modica e execu		YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES) 214-1	6-9609	MISSLORICALA	IF GUIDAR	Ant JAP NI	YN. 10033
All All		18 CAUSE OF DEATH (Enter only	v ane cause per line for (a). (b) and (c))		IN CHINAIC		ROXIMATE INTERVAL EEN ONSET AND DEATH
ohy nov nov ent		PART I. DEATH WAS CAUSED	NPV.		WARY ARRES	7	95144	EEN ONSET AND BEATH
S ding strong or re-		IMMEDIATE			VIII IIII	21		
he death certi he attending i emove carbon matian, or ren		Conditions, if ony, which	DUE TO, OR AS A CONSI		IA OF COLON	WITH ME	TASTASIS OF	VE MONTH
he de		gave rise to immediate cause (a), stating the			TO THE LI	VER	12.123	
by the		underlying cause last.	DUE TO, OR AS A CONSI	EOUENCE OF				
res t gned n ple buria		PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	VINAL DISEASE OR CON	DITION GIVEN IN PAR	Llini
DIVISION OF VITAL RECORDS ING PHYSICIAN: The law require of the ordinate has been sign on the burial-transit permit. There is not made mental Hygiene prior to be orked or frem 18 shaws any injury.	NO NO	MASSIVE	1.00			MORRHAUE		
D w S S S S S S S S S S S S S S S S S S	N A	19a DATE OF OPERATION	196. CONDITION FOR WE			200 AUTOPSY?	206 IF YES, WERE FIN	
The Id Idea.	CERTIFICATION	NONE				YES TI NOT	IN CERTIFYING CAU	ISES OF DEATH?
N. Ti hysicie cate ransid Hygi	1 W	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	DAY VEAD	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART I OR PART	[2]
Clay physical property of physical phys	14	OR CONTRIBUTING CAUSE OF DEAT		DAY YEAR				
HYS ading	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY		211. LOCATION STREET	CITY OR TO	wn COUNTY	STATE
Offe Poster to and the standard the day	×	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC.)	SINCEL	CIII OK 10	WM CO01411	SIAIC
AF Se o		220.1 certify that (I) (this haspite	ol) ottended the deceased from	om_ Au	Aug 19 19.86	10 AUGUST	26 19 86	, that (1) (we) lost
TTEN Pital TOR far u		saw the deceased alive an above, (1) (we) (did) (did not	AUGUST 26	130	d that in (my) (our) opinion	death occurred on the do	ite and have and from	
A A has has hed hed hed tept.		22b. SIGNATURE	view the body other death.		DEGREE		22c. D.	ATE SIGNED
the		Mark Klie	m M	1.0,	ATTENDING PHYSICIAN	MEDICAL STAF		-26-86
HOSPITA Bined by FLINER Solid by d PORTAN	1	224 PHYSICIAN'S NAME (TYPE OR	PRINT)		22e ADDRESS 2518	RELLIM R		
TO HOSPI efonded b TO FLNEI heald by		MARK KUIG	MAN			IMURE, MD	21209	
5 5 5 € £ € € ←	230	BURIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION	2100	
ВР	6.1	DURLAL	8-31-86	MIT	DU CHM	SAL-	To COUNTY	M70 STATE
		JNERAL DIRECTOR	1		250 DAT			
DHMH - 16 60M 7/84 (VRA 15, 4)	LL	2015 PULL POSS	27070 1	RTH 1	JUG AI	REC'D. BY REGISTRAR	Julia Davidoor	

Mary visite of the state of the





pe

STATE OF
FOR DEPARTMENT OF HEALT

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🛇

2 2 3 3

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 2a. DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) 6 AGE LIN YEARS LAST BIRTHERYL IF LINDER I YEAR 3. SEX IF LINDER 5. DATE OF BIRTH MONTH Telm 11 TE BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIEL NEVER MARRIED WIDOWED DIVORCED II. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b KIND OF BUSINESS OR I IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) I MUOVE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 13d. INSIDE CITY LIMITS? TINDER 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME 13 NOWN 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT GRANAM PHILA PA LYES NO OR UNKNOWN LIF YES, GIVE WAR OR DATEST APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a), DUE TO, OR AS A CONSEQUENCE OF Conditions, if onv. which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES A NO YES [NO [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH CAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 211. LOCATION 21e PLACE OF INJURY CITY OF TOWN AT HOME STREET, FACTORY, OFFICE FARM, ETC.) STREET COUNTY STATE WHILE NOT WHILE AT WORK AT WORK 220 I certify that (I) (this haspital) attended the deceased from saw the deceased alive an. , and that in (my) (aur) apinian death accurred on the date and have and from the causes stated above, (1) (we) (did) (did not) view the body after death. 226. SIGNATURE DEGREE 22L DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23 LOCATION

DHMH - 16 50M 4/83 (VRA 15, 4)

with the

AL DIRECTOR

NERAL DIRECTOR

Woodhawn

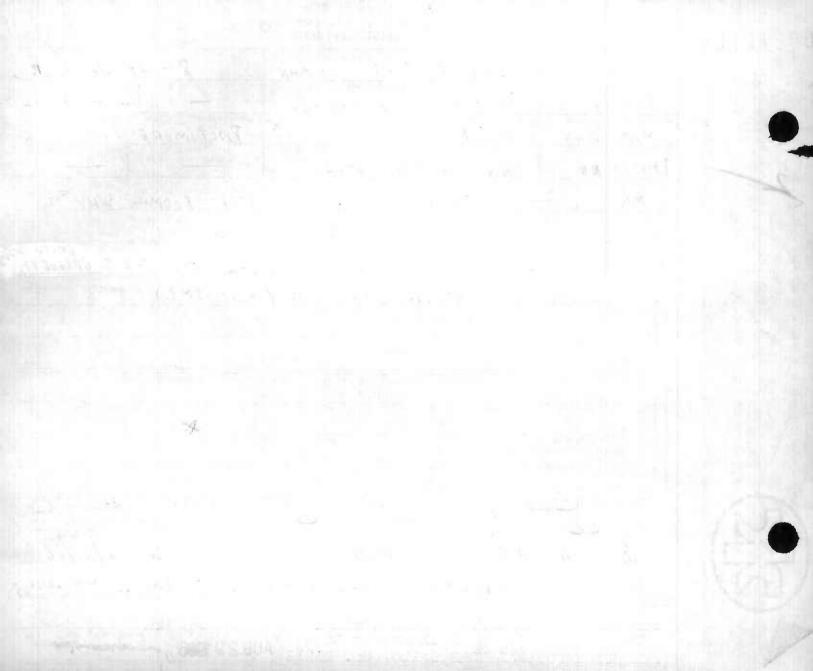
BOLTO MD COUNTY 2

D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

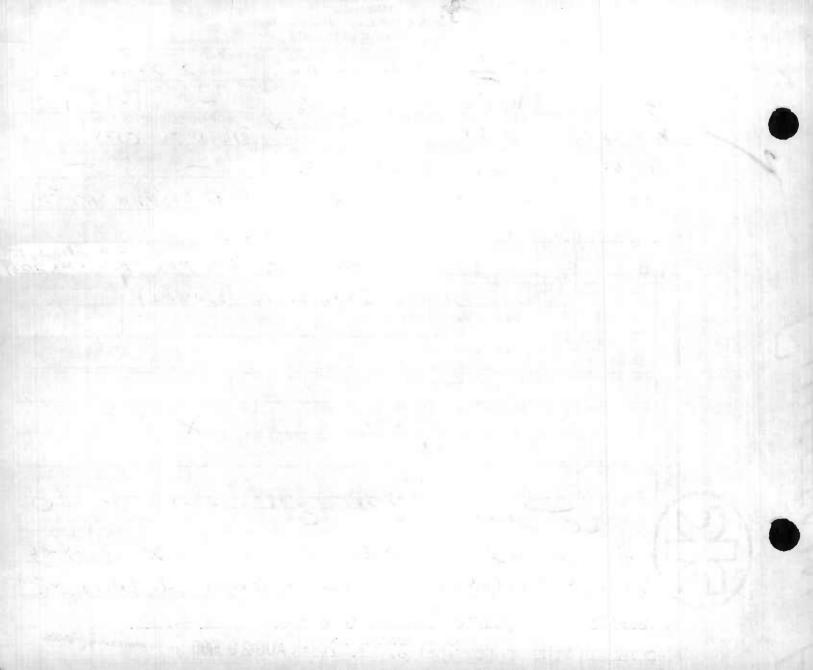


STATE OF MARYLAND

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE & - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2a DATE OF DEATH 1. DECEASED NAME 26 HOUR LIVPE OR PRINTS Baby Girl Melissa Gamble 6. AGE (IN YEARS LAST BIRTHDAY) WHITE TEMALE 9 BALTIMORE CITY OR COUNTY OF DEATH DIVORCED [TYPE OF WORK FOR MOST OF WORKING LIFE! JAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? RALTO. 15 MOTHER'S MAIDEN NAME 4. FATHER'S NAME JENNIFER Watts Kenneth D. Gamble 17 INFORMANT Kenneth D. Gamble, 1032 Rodman, Way, 2120 NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c-PART I DEATH WAS CAUSED BY I KM AT URITY IMMEDIATE CAUSE (a) DUE TO OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART It a 206. IF YES, WERE FINDINGS USED 20a AUTOPSY? 9n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO IT 2 In ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH 19 (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21f. LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY STREET CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE 220.1 certify that (1) this hospital attended the deceased fram and that in (my) our opinian deoth accurred an the date and hour and from the causes stated obove, (1) (we) did (did nat) view the bady after death DEGREE 226. SIGNATURE 221. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e. ADDRESS 6KATANIE 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL (SPECIFY) COUNTY 8/28/86 Meadowridge Burial Balto. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 3331 Brehms Lane DHMH - 16 50M 4/B3 The Navidon-Mandalle (VRA 15, 4) SCHIMUNEK FUNERAL HOME, Balto, Md. 21213



		· · · · · · · · · · · · · · · · · · ·		STATE OF MARYLAND		
	1-	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	rgiene 6 2 2	3 4 2
-16765	1 DE	REGISTRAR CEASED NAME FIRST	A IN E	LAST	REG. NO. 20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
0 0 0 0 0		OR PRINT)			8-24	-86 9:00 P.M
y oo boo	3. SE		Boy Michael Ga	S. DATE OF BIRTH	6 AGE (IN YEARS WAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
ector.		MALE	WHITE	AGNIH -24 -86	Q 4 YRS.	MONTHS DAYS HOURS 30
2 42 26		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNTY	OF DEATH
122	M	MRYLAND	U.S.71.	WIDOWED DIVORCED	All I I I I I I I I I I I I I I I I I I	C175 MD.
. 2		SALTO -	(IF NOT IN SUCH FACILITY, GIVE STREET	MD. HOSP.	(1YPE OF WORK FOR MOST OF WORKING (II	126 KIND OF BUSINESS OR INDUSTRY
212	USU.	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RESIDENCE BEFOR	PE ADMISSION) VN 1136 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE	11245
日 る 様をうり		MD.		C177 YEST NO	1032 RODMA	AN WAY TOS
BY THE POW	14 FA	THER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN N	MIDDLE	IAST
W 1 11 200			amble	JENNIFR	R Watts	
ORE,		VAS DECEASED EVER IN U.S. ARI	MED FORCES? 166 SOCIAL SECU	URITY NO. 17 INFORMANT	ADDRESS	21205
1 12 Y		NO		Kenneth D	. Gamble, 1032	Rodman Way,
BAL cote ape aval nt, t		18 CAUSE OF DEATH (Enter on PART), DEATH WAS CAUSE	ly one cause per line for (a), (b), ar		-11 (== (1)	BETWEEN ONSET AND DEATH
ST., g ph onp ever			E CAUSE (0) STOVE	RII IMMATURI	TP (550 GMs.)	
death codentral of transfer of			DUE TO, OR AS A CONSEQU	ENCE OF		
dea dea otre otre		Conditions, if any, which gove rise to immediate	(b)			
the the	9	couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEOU	ENCE OF		
201 W ned by please uriot, c			(c)			
	NO	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	rminal disease or condition given	VEN IN PART 110
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir r offending physician. Viter this certificate has been signs the buriol-transit permit. They thand Mental Hygiene prior to be thand Mental Hygiene prior to be orked or item 18 sforts ony injur	ATIC	190 DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED
hos lo	CERTIFICAT					FYING CAUSES OF DEATH?
VITA VSICIO Core Consit Hygie	CERT	21a. ACCIDENT WAS UNDERLYING		21c HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN ITEM 18	
OF Physical		OR CONTRIBUTING CAUSE OF DEA		DAY YEAR		
ding ding Aysik ding Aysik	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	211. LOCATION	C Y OR TOWN	COUNTY STATE
VISI O Ph the and ked	X	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE,	FARM ETC } STREET	C YOKTOWN	COUNTY
O o o o o o o o o o o o o o o o o o o o			tal attended the deceased from.	8-24 19 8	6 10 8-24	19 6 , that (1) (we) last
TOR TOR	-7	saw the deceased alive on	6-24 19	6 , and that in (my) our apinio	on death accurred on the date and hou	or and from the causes stated
RECT RECT Red for		22b. SIGNATURE	t) view the bady after death.	DEGREE		22c. DATE SIGNED
the Dorte Do		Ben M	diken.	M.D. ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	8-24-86
HOSPITAL ined by th FUNERAL old be der on the Stote		224 PHYSICIAN'S NAME (TYPE O	R PRINT)	22e ADDRESS		210
- 0 - 0	1	BENSON M. S	ILVERMAN	22 S.	GRARNA SI.	BALTO, MD. 120.
01 5 5 4 M		BURIAL, CREMATION, REMOVAL	236. DATE 23c.	NAME OF CEMETERY OR CREMATOR	Y 23d LOCATION	COUNTY STATE
BP		Burial	8/28/86 M	eadowridge Cem.	Balto Md	
DHMH - 16 50M 4/83		UNERAL DIRECTOR	2227	Dece 1 250. D	ATE REC'D. BY REGISTRAR 256 REGIST	RAR'S SIGNATURE
(VRA 15, 4)	S	CHIMUNEK FUN	ERAL HOME, Bal	to, Md. 21213 A	UG 29 1986 June 1	



FUNERAL 0 BP

DHMH - 16 60M 7/B4 (VRA 15, 4)

Anatomy Board

23b. DATE

8-14-86

27d PHYSICIAN'S NAME (TYPE OF PRINT)

Removal

Kenee

(SPECIFY)

24 FUNERAL DIRECTOR

230 BURIAL CREMATION, REMOVAL

ADDRESS

Balto. Md

Miller APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) COUNTY STATE 1986 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN STATE COUNTY 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE ulia Devidion Randale

DAY

IF UNDER I YEAR

INDUSTRY

2b. HOUR

126 KIND OF BUSINESS OR

21623

15 A



1	-	FOR STATE REGISTRA
D	50	EACED NIA

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYPENE 6 CERTIFICATE OF DEATH

2	2	2	di	a.i
la.	-	0		1

1		REGISTRAR			CENTIN.	TEMIL OI DEMI		REG.	NO.				
		EASED NAME FIR	ST	MIDDLE	t.	AST	2a. D	ATE OF DEATH	MONTH	DAY	YEAR	26 HOU	R
ı		4	ROBERT	H.	GARRET	T	100		8	2	86	12	PM
1	SEX	(4 RACE		5 DATE C			E (IN YEARS LAST	BIRTHDAY	MONTHS	ER I YEAR	IF UNDER	24 HRS
4	1	MALE	Ne	MRO	MONIA	- 10 18	8	7	YRS		DATS	HOOKS	MIN.
4		RTHPLACE STATE OF FOREK	N 76 CITIZEN OF	WHAT COUN	ITRY? 8	NEVER MARRIE	9 BA	TIMORE CITY			HTA		
1		NC	4	. S.A	WIDOWE	, ,		BALTIM	ORE	CITY			MD.
Ā	0 (1	TY OR TOWN OF DEATH		HOSPITAL, NI		R OTHER INSTITUTIO		SUAL OCCUPA			KIND OF	BUSINE	SSOR
1		BALTIMORE			TAL HOSE	PITAL	(Tire	LABOI	TOP WORKING	100)	7031K1		
1	USUA 13a S	AL RESIDENCE (IF NURSING H	OME OR OTHER INSTITUTION	13c. CITY OR		13d INSIDE CITY LIM		REET ADDRESS	ZIP CO	. 1	AV	#2	12/8
t	4 FA	THER'S NAME		land !		15 MOTHER'S MAID		1000	50.5	ac-1	,,,,		
ł	1	TEMPE	WIDDLE	(-AH	POTT	Pero,	110	MIDDLE	077		LAST		
1		AS DECEASED EVER IN U		166 SOCIAL	SECURITY NO	17 INFORMANT	116-	ADD	RESS				10 v
L	(4	(IF	YES, GIVE WAR OR DATES)	239-	28-2260	Joseph	(-A	RRell	38	06 (s-Re	ensy	prin
ı		18 CAUSE OF DEATH IE		er line fai (a), (l	b', and ic'.	1	-	+	. 7 - 15		APPROXIA BETWEEN O	NATE INTER	VAL DEATH
ı	7		MEDIATE CAUSE (0)	Ca	rhiopu	elmonary	ame	3					
١			DUE TO, C	OR AS A CONS	SEQUENCE OF								
ı		Conditions, if ony, who											
ı		cause (a), stating to	the DUE TO, C	OR AS A CONS	SEQUENCE OF								
1		onderlying coose ic	(c)_						V				
1	2	PART 2 OTHER SIGNIFIC	ANT CONDITIONS	ONTRIBUTING	G TO DEATH BUT	NOT RELATED TO TH	ETERMINAL	ISEASE OR CO	NDITION C	EIVEN IN	PART Ito		
1	5	1 N	men.				Los		Tani us u				
1	CERTIFICATION	190 DATE OF OPERATION	196 CONE	DITION FOR W	HICH OPERATION	N WAS PERFORMED	200	AUTOPSY?	1N CER	TIFYING	E FINDIN CAUSES (OF DEATH) H?
4	E					100		NO		YES	1	NO []
al.	1773.111	210. ACCIDENT WAS UNDERLY	LUGUE A	OF INJURY	DAY YEAR	21c HOW INJURY C	OCCURRED (E	NTER NATURE OF IN	JURY IN ITEM T	B PART I OR	PART 2)		
1	MEDICAL	(IF EITHER NOTIFY MEDICALEX		M) Hug	2 196	4 to 200							
1	MED	21d INJURY OCCURRED	LAT HOME S	TREET, FACTORY, O	FFICE FARM ETC)	21f LOCATION		CITY OR	town	cc	YINUC	51	TATE
ı		AT WORK	_		7/2		01	0	1		4		
ı	80	220 1 certify that (1) (this saw the deceased of	1	be deceased f	1/1	id that in (my) (aur) a	16_, to			_, 19		that (I) (v	
ı	24	above (f) (sg) (did)	did not view the bad	y after death.	-		ринан аеоти	eccurred on the	аоте апа п				ited
ı		Th. SIGNAPON	Xless	· den	MI	DEGREE ATTEND	ING MEI	DICAL SI	AFF	1"	DATES) (201
4		274 PHYSICIAN'S NAME	TYPE CAPRING	/	1	PHYSIC 22e ADDRESS		CTOR PHYS		1	Mus	41	106
ı		PIL	4: 1	75 A									
+		105er 1 7	1)100/	(1)				AL HOSE	PITAL				
1		URIAL, CREMATION, REM	100	los	230 NAME OF C	EMETERY OR CREMA	TORY 230	LOCATION MIY OR TOWN		COUN	4IY	. 51	TATE
1	0	LRIAL	8/8	186	TROU	IUS MEN	111	HRDU	145		m	Di	
1	4 FU	INERAL DIRECTOR	/	1/ ADDI	RESS ₁ / A.A.	1. 15+2	Se. DATE REC'I	BY REGISTRA	AR 256 REGI	STRAR'S	SIGNATU	JRE de Mi	
1	1	50115 F	UNCRAI	Home	1/29 N.	ARDINE	AUG S	1986	1 Jack	ard arga	Andley	Same a	

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT, II III

total & AFSIG

to analyzing

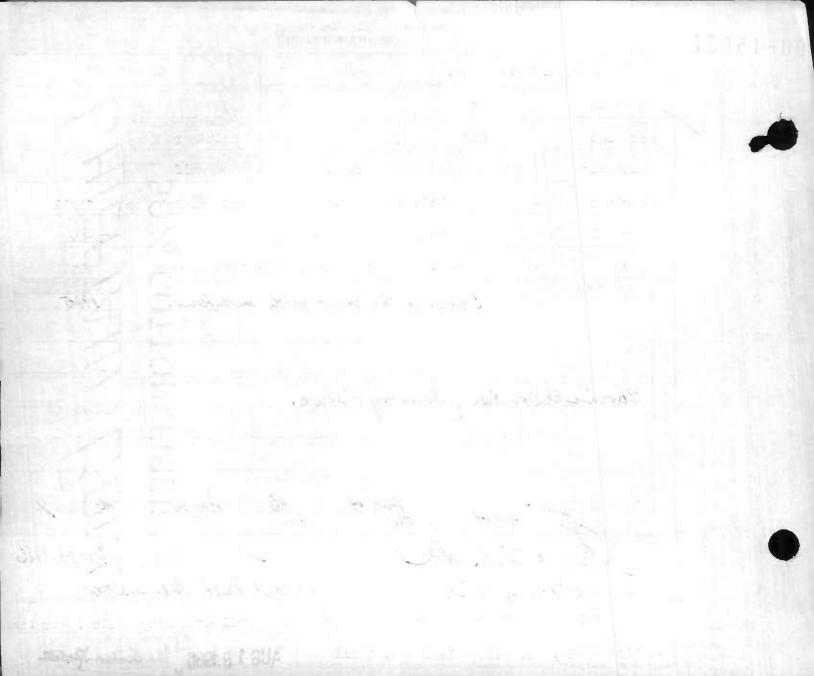
THE REPORT OF STREET

The second second second

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 20 DATE OF DEATH 1. DECEASED NAME MIDDLE 2b. HOUR (TYPE OR PRINT) 25 Clarence Edward Gary, Jr. 1986 3 SEX 4. RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH YEAR 9 BALTIMORE CITY OR COUNTY OF DEATH STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Balto. City Md. U.S.A. WIDOWED IO CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR John L. Deaton Medical Center Ret. Sterotyper INDUSTRY Balto. Sun Papers USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13c. CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? Md. Balto. YES X 4904 Grindon Ave. 21214 NO I 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME E. Clarence Gary, Sr. Ida C. Frazer ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT (IF YES, GIVE WAR OR DATES) 213-05-8850 Mary E. Garv. Same as 13e APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stoting DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO [210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 214 INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) this haspital attended the deceased from. saw the deceased glive on above (1) we (did) did nat) view the body after death. Be, and that in (my) (bur) opinian death accurred an the date and hour and fram the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINTS 22e ADDRESS BANFER MO 8. KAYMOND 23a BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 236 DATE CITY OR TOWN (SPECIFY) COUNTY STATE Burial 8-11-86 Gardens of Faith Balto. . 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 60M 7/B4 Leonard J. Ruck, Inc., 5305 Harford Rd. wy con-stangues (VRA 15, 4)

in. Sterogyler Time formers		Pail interes	. 1.494	· ed Fail
a total level annual of the		.02		. Title
	.50	.uu ,oma	7	emera (S

- 1563/	1	FOR STATE REGISTRAR		DEPARTA	CERTIFICATE OF E	AND MENTAL BYG DEATH	1000			
1000		CEASED NAME FIRS		MIDDIE	LAST		REG. NO.			h HOUR
page 3			arlotte	М.	Gavin		08		86	
ge 4 ms ector. p	3. SEX	Female	Whi.	te	5 DATE OF BIRTH MONTH DAY 07	12	6. AGE (IN YEARS (AST BIRTHDAY)	MONTHS		HOURS M
h. Po nerol dir n 72 hou		RTHPLACE (STATE OR FOREIG COUNTRY) Maryland		WHAT COUNTRY?	MARRIED NEVER A	MARRIED	Baltimore (UNTY OF D	EATH	
s ofter iby the fur filed within hordied a		TY OR TOWN OF DEATH Baltimore	11. NAME OF 3529 K	HOSPITAL, NURSIN CHEACILITY, GIVE STREET A CSWICK RO	G HOME OR OTHER INST		120 USUAL OCCUPATION (TYPE DE WORK FOR MOST DE WORK HOUSEWLIE	KING HEE) 126	KIND OF	BUSINESS
filled in b ould be fi	13a S	AL RESIDENCE (IF NURSING HOTATE 13b. (OME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE 136. CITY OR TOWN Baltimo	1 13d INSIDE C	ITY LIMITS?	13. STREET ADDRESS / ZIP 3529 Keswick	CODE	212	11
ed within mpletely i dind 2 sho examiner	14 FA	Samuel	MIDDLE	Weitzel	15 MOTHER'S	S MAIDEN NA/			Chalk	
e execute		VAS DECEASED EVER IN U.	S. ARMED FORCES? ES, GIVE WAR OR DATES)	166 SOCIAL SECU 212-05-	RITY NO. 17 INFORMA	NT	address n 3529 Keswick		212	
hat the deal by the atter sse remove 1, cremation other froum		Canditians, if any, which gave rise to immedia couse (a), stating th	te							
been signed mit. Then plet orior to burso on injury, or	CATION	PART 2 OTHER SIGNIFICA CATORILE 190. DATE OF OPERATION	ant conditions co	e Dalmen		re.	INAL DISEASE OR CONDITIO	IF YES, WER	E FINDING	S USED
v requires the signed in. Then plevior to burion my injury, or	MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICATION 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EXA 21d. INJURY OCCURRED WHILE AT WORK AT WORK	ANT CONDITIONS CO	ONTRIBUTING TO DELITION FOR WHICH. OF INJURY .M. MONTH DA .M. OF INJURY REET, FACTORY, OFFICE, FA	EATH BUT NOT RELATED OPERATION WAS PERFO Y YEAR 19 211. LOCATIC STREET	DRMED	20a AUTOPSY? 20b.	IF YES, WER CERTIFYING YES EM 18 PART 1 OF	E FINDING CAUSES O	F DEATH?
DSPITAL OR ATTENDING PHYSICIAN: The low requires the by the hospital or attending physician. UNERAL DIRECTOR, After this certificate has been signed diselected for use as the buriol-transit permit. Then ples he State Dept at Health and Mental Hygiene prior to burion RTANT: If them 21 is marked or them 18 shows any injury, or		PART 2 OTHER SIGNIFICA PART 2	ANT CONDITIONS CO	ONTRIBUTING TO DE CONTRIBUTING TO DE CONTRIBUTION TO DE CONTRIBUTING TO DECENIO DE CONTRIBUTING TO DE CONTRIBUTING TO DECENIO DE CONTRIBUTING TO DECENIO DE CONTRIBUTING TO DE CONTRIBUTING TO DECENIO DE CONTRIBUTING TO DE CONTRIBUTING TO DECENIO DE CONTRIBUTING TO DECENIO DE CONTRIBUTION DE CONTRIBUTING TO DE CONTRIBUTING TO DE CONTRIBUTING TO DE CONTRIBUTING TO DECENIO DE CONTRIBUTING TO DECENIO DE CONTRIBUTION DE CONTRIBUTING TO DE CONTRIBUTING TO DECENIO DE CONTRIBUTING TO DE CONTRIBUTIN	PEATH BUT NOT RELATED OPERATION WAS PERFO 21c. HOW IN Y YEAR 19 211. LOCATIC STREET Aus DEGREE Aus	JURY OCCURR Jury	200 AUTOPSY? 20b. YES NO CITY OR TOWN CITY OR TOWN ACCUTED An the date an Original Call STAFF DIRECTOR PHYSICIAN	IF YES, WER CERTIFYING YES EM IS PART 1 OF	E FINDING CAUSES OF PART 2) NOTE THAT THE CONTROL OF PART SIGNAL	STAT
OSPITAL OR ATTENDING PHYSICIAN: The low requires the by the hospital or otherding physician. **UNERAL DIRECTOR: After this certificate has been signed id be detached for use as the burial-transit permit. Then plet the State Dept of Health and Mental Hygene prior to burial PRANT: If them 21 is marked or item 18 shows any injury, or	WEDICAL	PART 2 OTHER SIGNIFIC. CATOLINE 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER, NOTHY MEDICAL EXA 21d. INJURY OCCURRED AT WORK ALONG AT WHILE AT WORK ALONG Saw the deceased of obove, (1) (will define 22b. SIGNATURE URIAL, CREMA UN, REMO	ANT CONDITIONS CO. ANT CONDITIONS CO. IPP. COND IPP.	ONTRIBUTING TO DE CONTRIBUTING DE CONTRIBUTION	PEATH BUT NOT RELATED OPERATION WAS PERFO Y YEAR 19 211. LOCATIC STREEL AUS DEGREE AUS AME OF CEMETERY OR	JURY OCCURR JURY	200 AUTOPSY? YES NO	IF YES, WER CERTIFYING YES COME AND THE PART TO SEE CO.	E FINDING CAUSES OF PART 2) NOTE THAT THE CONTROL OF PART SIGNAL	STATE
DSPITAL OR ATTENDING PHYSICIAN: The low requires the by the hospital or attending physician. UNERAL DIRECTOR, After this certificate has been signed diselected for use as the buriol-transit permit. Then ples he State Dept at Health and Mental Hygiene prior to burion RTANT: If them 21 is marked or them 18 shows any injury, or	WEDICAL	PART 2 OTHER SIGNIFIC. CATOMAR 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EXA 21d. INJURY OCCURRED AT WORK AT WORK 22a. I certify that (I) (this saw the deceased gliphopore) (I) (I) I defined 22b. SIGNATURE	ANT CONDITIONS CO. ANT CONDITIONS CO. IPP. COND IPP.	ONTRIBUTING TO DE CONTRIBUTING DE CONTRIBUTION	PEATH BUT NOT RELATED OPERATION WAS PERFO Y YEAR 19 211. LOCATIC STREET AUS DEGREE AU 22e. ADDRES	JURY OCCURR JURY	200 AUTOPSY? YES NO YED (ENTER NATURE OF INJURY IN ITI CITY OR LOWN AUTOCAL STAFF DIRECTOR PHYSICIAN J. Balf. M.	IF YES, WER CERTIFYING YES CO.	EFINDING CAUSES OF PART 2) FUNTY FOR THE COMMENT OF THE COMMENT	STATE STATE STATE STATE STATE STATE STATE STATE



0-1	4210	1.	FOR STATE		DEPART	MENT OF H	OF MARYLAND EALTH AND MENTAL HY	GIENE 6	2 2 ;	3 4	7
	1410		REGISTRAR				ICATE OF DEATH	REG. N		5	-
42	w E		CEASED NAME FIRST		WIDDLE		AST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
oy b	deoth deoth		Annie	М.	Genw	right		8	11186		10,00 M
£ £	offer o	3. SE	X	4. RACE		S. DATE C	DAY YEAR	6 AGE TINYEARS LAST BI		UNDER I YEAR	HOURS MIN.
000	ect		Female	Blac			15/15	71	YRS.		
6	Dr 2//		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF	WHAT COUNTRY?	MARRIE	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF	FDEATH	
- 6	11/11		RTH CAROLINA	USA	LIGGRITAL AUGREN	WIDOWE			e City		MD.
12	N 411	10. C	ITY OR TOWN OF DEATH	(IF NOT IN SU	CH FACILITY, GIVE STREET	ADDRESS)	PROTHER INSTITUTION	120 USUAL OCCUPAT		INDUSTRY	F BUSINESS OR
1	11/10	В	altimore AL RESIDENCE HE NURSING HOME O	Villa	St. Mic	hael		RETIRE		HOME	MAKER
1 1 2 11	1 8h	130	STATE 13b. COU	INTY	13c. CITY OR TOV		134 INSIDE CAY LIMITS?	13e.STREET ADDRESS			
-			MD Ba	lt.			YES NO	4104 Colb	orne F	RD 212	229
W I I	olete da	5	FIRST	MIDDLE	LAST		FIRST	WIDDLE		LAST	2022
ote of	8 2 0	160.3	HERBERT VAS DECEASED EVER IN U.S. A	PANED ECDCESS	BASS	IDITY NO	MTZER	ADDR	FSS	TA	BORN
ž ž	Poges medico	1	YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES						DATO A DIZ	A TETODO ITO
P P	0 % 9	H	VO OV		243 07		MWD. MITTI	E M. COOK	2503 FE		MATE INTERVAL
, bA	physic npape moval		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	ED BY:	POST M	40CAZI	IN INFINERW	\checkmark		BETWEEN	INSET AND DEATH_
Certific	bon rem		IMMEDIA	TE CAUSE (a)	1 001 .	, , , ,					
o thou	e co on o		Canditions, if any, which	DUE TO, C	R AS A CONSEOU	ENCE OF				5.5%	
e d	emove amotion.		gave rise to immediate cause (a), stating the	(6)							
of t	by the		underlying cause last.	DUE 10, C	R AS A CONSEOU	ENCE OF					
es th	0 0 0		PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	ADITION GIVEN	IN PART IIC	31
ed oil	Then properties to bus injury.	20	CVA		(A) 1/9						
3	prior ony ii	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, V	WERE FINDIN	GS USED
The lion.	nsit per	HE.			-			YES NO	YES [NO 🗌
NG PHYSICIAN: The	O O T S		210 ACCIDENT WAS UNDERLYING (OR CONTRIBUTING CAUSE OF DE	110110 4		AY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJ	JRY IN ITEM 18 PART	I OR PART 2)	
5 10 6 d 6 d	certification of them	CAL	(IF EITHER NOTIEY MEDICAL EXAMINE	(R) P	.M.	19					
PHY sudir	S 0 5 0	MEDICAL	21d INJURY OCCURRED		OF INJURY	FARM, ETC)	211 LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
S S to	fter the os the thought and strked of strked of the strked	-	AT WORK NOT WHILE AT WORK		8.7. 32						
2 -	deaf		220.1 certify that (1) (this hosp		100		2/86	, ta	. 19		that (1) (we) last
ATTE	Of to		saw the deceased abave, (I) (w) (d	7 / 30 / the body	y alter death.		nd that in (my) (XXOpinio	death occurred on the c	late and haur a		
o P o P	Direction of them if them		226. SIGNATURE	MAN	(DE GREE ATTENDING	MEDICAL STA	AFF	226 DATE S	
IT AL	RAL Districted		201 DUNG YOU AND NAME OF	XACCI	_ ~~		PHYSICIAN	DIRECTOR PHYSI	CIAN	0/1/	700
HOSPI	FUNERAL old be detailed the State		Arthur M. L		M D		3640 Fords	s Lane 21	215		
O HOS	should be deto								- 1)		
			BURIAL, CREMATION, REMOVA (SPECIFY)				EMETERY OR CREMATORY	CITY OR TOWN		COUNTY	STATE
BP		24.5	BURIAL UNERAL DIRECTOR	8/5/8	36 A	RBUTUS	MEMORIAL PA	RK BALTIM		ALTO.)	MD.
	16 50M 4/B3 A 15, 4)	29 1	LEWIS T. GWYNN	1517 T	PARK HEIG	LITE AT		UG 5 1986	reha Dav	idean-	malle
(VK	M 13, 4)		TIMIL . T CTMINI	421/1	WINT UNITO	HID A	TIMOP J	0 0 1300	N		

243 07 23.9. 55 9 = _____

Land T. Could A517 . Lon Matchio Alexander

. T. (. 2124) The second of th

25108/T

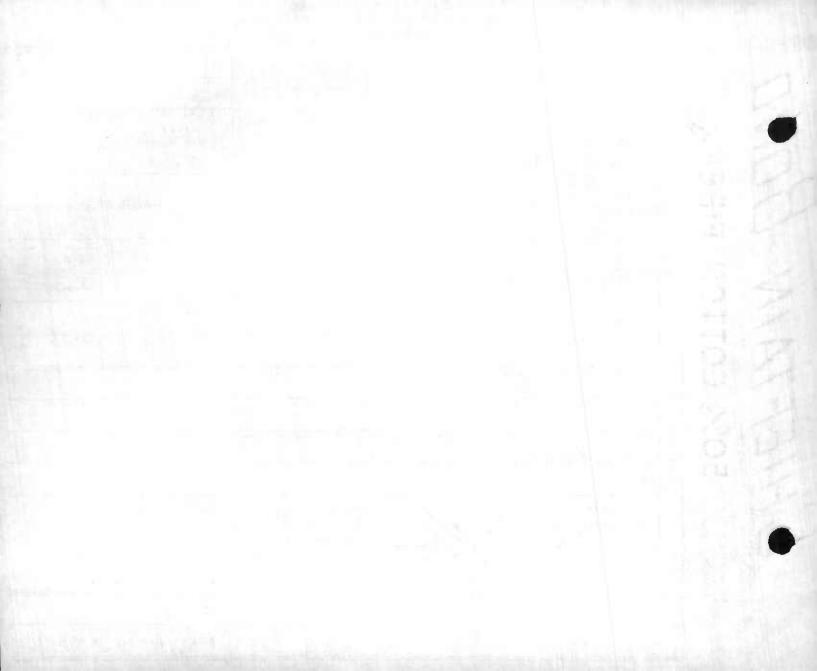
ftems 5.4FilmCil 9/2/86gab is the tell all the second TOTAL THE PARTY OF Million of party to the purely Providence in the 1942 A C ATTA - Wilder and SOUTH STORE IN THE STORE

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a DATE OF DEATH MONTH ANID-DILE 2b HOUR LIVEE OR PRINTS Irma Cecelia Gerin 86 4 RACE 5 DATE OF BIRTH MONTH VEAR Female White. 13 10 BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED W NEVER MARRIED Pennsylvania Baltimore Citu DIVORCED WIDOWED CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR Own Home (IF NOT IN SUCH FACIEITY, GIVE STREET ADDRESS) Housewife St. Agnes Hospital Balto. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 131. COUNTY 132. CITY OR TOWN 21228 13e STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? Baltimore Maruland Catonsville 237 Gralan Rd. Catonsville. Md. NOV 15. MOTHER'S MAIDEN NAME M FATHER'S NAME Peter Parola Rosa Baranzelli 166 SOCIAL SECURITY NO 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? IYES, NO OR UNKNOWN) NO 217-50-8673 Guido A. Gerin Same as 13e. APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: one IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:10 Tive CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY IN CERTIFYING CAUSES OF DEATH? 71a ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 71d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY AT HOME STREET, FACTORY, OFFICE, FARM, ETC NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased akve an and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING STAFF MEDICAL PHYSICIAN | DIRECTOR | PHYSICIAN IL PORTANT 22d PHYSICIAN'S NAME OF PRINT 22e ADDRESS ld b 900 S. Caton Avenue Chalte 0 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL Baltimore New Cathedral Cemeter Burial 24 FUNERAL DIRECTOR 1630 Edmondson Augmers Catonsville, Md. 2527278CD. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/B4 Leroy M. & Russell C. Witzke Funeral Home (VRA 15, 4)

Lateral Margarit Decree 1975

Rights = .DF .cclum vanneva coccl. 1 no.

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIF REGISTRAR REG. NO DECEASED NAME KNOWN X YEAR 26 HOUR (TYPE OR PRINT) ESTI-DEATH MATED Preston Gillis G. 1986 4. RACE S. DATE OF BIRTH & AGE (IN YEARS | IF UNDER TYR. IF UNDER 24 HRS. DATE 2d HOUR LAST BIRTHDAY PRONOUNCED 11:42 black 12 26 1912 73 male DEAD 22 1986 a 76. CITIZEN OF WHAT COUNTRY? O BIRTHPLACE (STATE OR BIRTHPLACE FOREIGN COUNTRY) Va 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED US WIDOWED X DIVORCED Baltimore City ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Unemployed Baltimore 1526 Lanvale Street SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 21217 3a STATE 113b. COUNTY Baltimore 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 1526 W. Lanvale YES X NO 🗌 Street 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDE LAST MIDDLE Lula clark 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) 218-05-6939 Doretha Gillis 4752 Melbourne Avenue 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PARTIDEATH WAS CAUSED BY: Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG Chronic ethanolism 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES NO X 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE SALTIMORE MARYLAND Inspection K 220 I certify that I took charge of the remains described about, held on Autopsy and in my opinian death resulted from Undetermined monner TITLE (SPECIFY) Assistant MEDICAL EXAMINER 8/23/86 Charles P. Kokes, M.D. EXAMINER'S NAME 111 Penn St. Balto.MD. (TYPE OR PRINT) ADDRESS 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 236 LOCATION COUNTY MD 8/30/86 Garrison Forest Vet Owings Mills Burial 07/84 BP 25M 250. DATE REC'D. BY REGISTRAR . 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 17 March Funeral Home West 4300 Wabash Avenue (VR A15 ME (5))

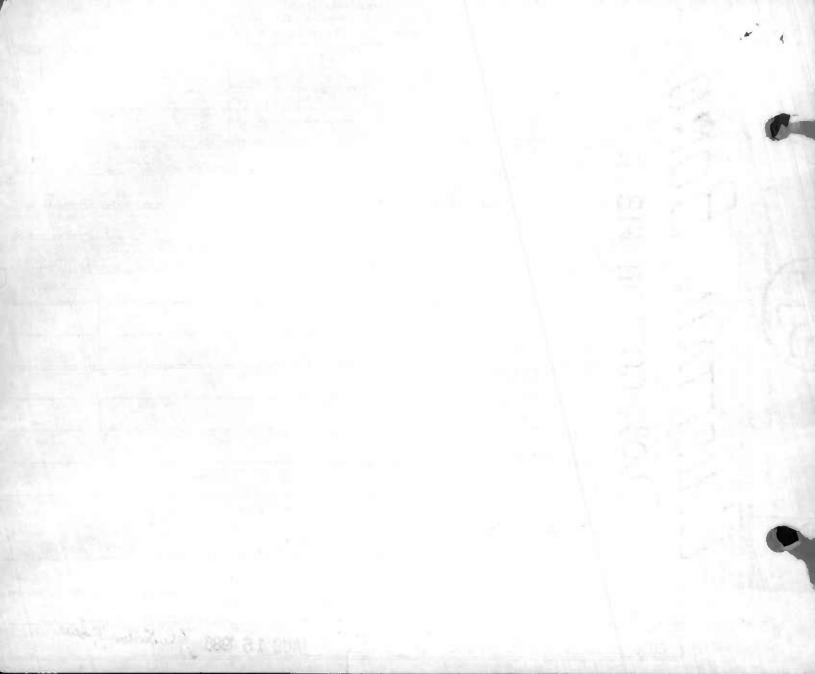


A ShmerA 경기 사내 교내성 호 and druif Into he PLD FINE MINER - PLANTE JOHN WELLSON KD CONTE CANY Will HAVE Farmers of the Strate of the 21001 will be the distinct

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20 DATE KNOWN X 2b. HOUR (TYPE OR PRINT) OF ESTI-R FILES. HOURS STREET, DEATH MATED S NECESSARY, PLEASE FUNERAL DIRECTOR. E 5 FOR YOUR FILES. 8/ 6/ 19 86 Morris Glass 3. SEX 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE 70 BIRTHDAY) OCT.29,1915 PRONOUNCED MALE WHITE DEAD 19 86 PM BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED XXNEVER MARRIED MARYLAND USA Baltimore City, WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OR INDUSTRY Baltimore PRES-SAM GLASS& SON Sinai Hospital CLOTHING JUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13e STREET ADDRESS Je STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? MARYLAND BALTIMORE OWINGS MILLS 11106 VERDANT RD. #21117 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST SAM **GLASS** STEINBERG WITH FORM

T. PAGES 1 AND DIVISION OF THE PAGES 1 AND THE PAGE SHANNA 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT MRS. VIRGINIA GLASS (IF YES, GIVE WAR OR DATES) 218-09-7233 11106 VERDANT RD. OWINGS MILLS, MD 2111 NO 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) TRANSIT PERMIT. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF OF HEALTH AND MEI lying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 | 0 CERTIFICATION 19g DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [NO X E 3 SHOULD BE L BU 21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING LOR MEDICAL PRIOR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (ATHOME 211. LOCATION STREET, FACTORY, FARM, ETC. STREET CITY OR TOWN COUNTY STATE NOT WHILE AT WORK AT WORK Inspection X 22e. I certify that I took charge of the remains described above, held an Autopsy ond in my opinion death resulted from Suicide Hamicide Undetermined manner EXECUTE THE CERT PAGE 4 SHOULD TO FUNERAL DIRE AFTER DEATH, WIT TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 8/7/86 SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. ADDRESS 111 Penn St. (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE COUNTY AUG.8,1986 BETH EL MEM. PARK BURIAL RANDALLSTOWN BALTO. 07/84 BP 25M 24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. **DHMH - 17** 21215 6010 REISTERSTOWNRD. BALTO., MD (VR A15 ME (5))

STATE OF MARYLAND



9	1 -	FOR STATE REGISTRAR	DEPARTA	CERTIFI	CATE OF DEAT	TAL HYGIE	-	2 2 EG. NO.	3 &	5 3
7		EASED NAME FIRST	MIDDLE	LA	.51		20 DATE OF DE		DAY YE	AR 26 HOUR
	(TYPE	ANGLE	miniam	61	ENH		8/23/8	6 8	23 8	6 2:03 AM
00	3. SE)		4 RACE	S. DATE O		YEAR 6	AGE (IN YEARS	LAST BIRTHDAY)	MONTHS D	YEAR IF UNDER 24 HRS. DAYS HOURS MIN.
83	S.	FEMALE	BLACK	MONTH	9	LI I	75	YR		ATS HOURS MIN.
es /	70_BI	THPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED	□ NEVER MARR	RIED G	BALTIMORE (NTY OF DEAT	Н
000		Vift.	U.SIA.	WIDOWE	DIVORC	CED 🗌	BAL	TU	CITY	MD.
Diffe	10 CI	BACTO,	NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET ST. AGNES	IG HOME OF ADDRESS) TUSPIT			TYPE OF WORK FOR	MOST OF WORKIN		ND OF BUSINESS OR
35	USU4 13a S	L RESIDENCE (IF NUR GHOME OR	OTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION)	13d INSIDE CITY LI		3e.STREET ADD	RESS / ZIP CO		#21228
200	14 FA	THER'S NAME	DAG	0.	IS, MOTHER'S MAI		3904	LEE	Wood	Ave
	Λ		MIDDLE AL CONTROL	- 3	EN NAI			DDLE	Topes	LAST
1	16a V	AS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL SECU	RITY NO.	17 INFORMANT			ADDRESS	4	+ h 15 5 5
1	(1	ES, NO OR UNKNOWN) (IF YES, GIVE	213-09-	479	Naomi		Tores	6113	Old F	- Redrick Rd
nt, fb		18 CAUSE OF DEATH (Enter on	y one couse per line for (o), (b), on DBY:	d (c).)					BETV	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
even			E CAUSE 10) CARDIO	PULM	IDNART	AR	REST			
ofic	-		DUE TO, OR AS A CONSEQUE	NCE OF						
traumotic		Conditions, if ony, which	(16) RENAL	FAIL	URE					
other fr		gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE PARTIAL		EL OBS	TRUC	TION			
ny, or		PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO					CONDITION	GIVEN IN PAI	RT Ito
20	NO	MYELD PROLIFE	NATIVE DISORD	ER						
any	CAT	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION	WAS PERFORMED	D	200 AUTOPSY			INDINGS USED
Smo	CERTIFICATION	NUNE	NON	E			YES NO	\	YES [USES OF DEATH?
18 84	CER	210 ACCIDENT WAS UNDERLYING		AV YEAD	21c HOW INJURY	OCCURRE	D (ENTER NATURE	OF INJURY IN ITEM	IS PART OR PAR	₹T 2)
E	CAL	OR CONTRIBUTING CAUSE OF DEA	111	19						
0-1	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM ETC V	21f LOCATION		CII	YORTOWN	COUNT	TY STATE
rked	2	AT WORK NOT WHILE	(John, Singer, Proceeding, Office, P	, etc. j	THIDLE					
as and		22a.1 certify that (I) (this haspit	ol) attended the deceased from_		, 19	9	_, to			, that (I) (we) last
121		sow the deceased alive on above, (I) (we) (did) (did not) view the body after death.	, on	d that in (my) (aur)	opinion de	eath accurred or	the date and	hour and from	n the causes stated
Herr		226. SIGNATURE		C	DEGREE	10 11 10	44504644	67.455	22c. C	DATE SIGNED
*	10	Deam .	1 spell MD	-	PHYS	ICIAN	MEDICAL DIRECTOR []	STAFF	8	123/86
MIN The State		224 PHYSICIAN'S NAME (TYPE OF	The state of the s	7	ST. A6	101	HUSPI			
IWPC	62	DEAN S.	TIPPETT M							10700000
1, 20	230 8	URIAL, CREMATION, REMOVAL	1 1 / 1	A CT	METERY OR CREM	77	23d LOCATIO	NWN	COUNTY	STATE
3	24 FI	INERAL DIRECTOR	18/27/86 Bi	4010.	MAT. C		REC'D. BY REGI	STRAR SIN DEC	MATRAR'S SIC	md.
00M 7/B4	1	3 NAME FOR	ADDRESS		andian	AUG	26 99	gula	Davidon	Mariones
7)	/-	The Topland	~ 170mc 112°	in. C				- (1)		2

STATE OF MARYLAND

Anguarana itt anaun

STATE OF MARYLAND

DHMH - 16 60M 7/B4 (VRA 15, 4)

Entombment

24 FUNERAL DIRECTOR

Mitchell-Wiedefeld Home, Inc. Balto., Md.21212

Aug. 7,1986 Lorraine Park Mausoleum

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

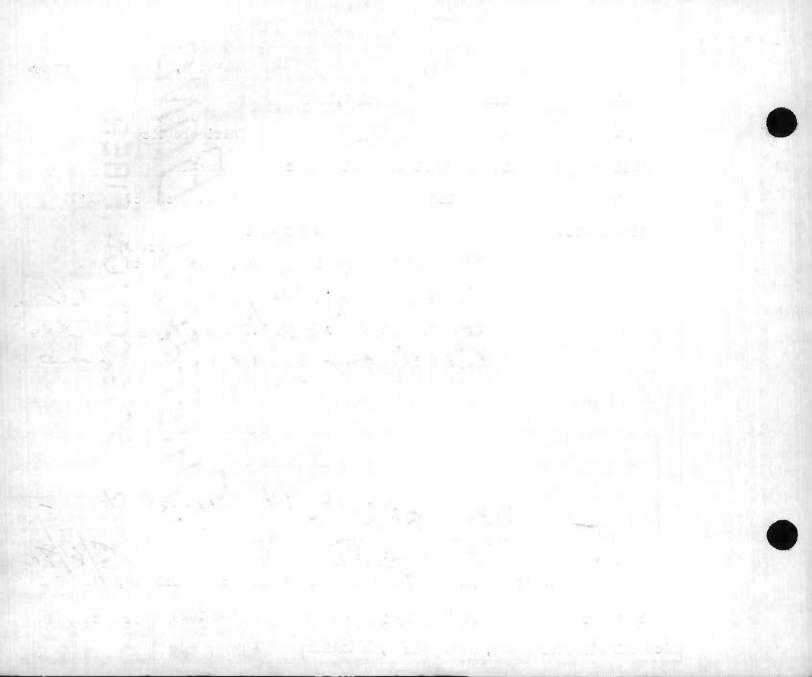
Woodlawn, Balto. Co., Md.

2b. HOUR

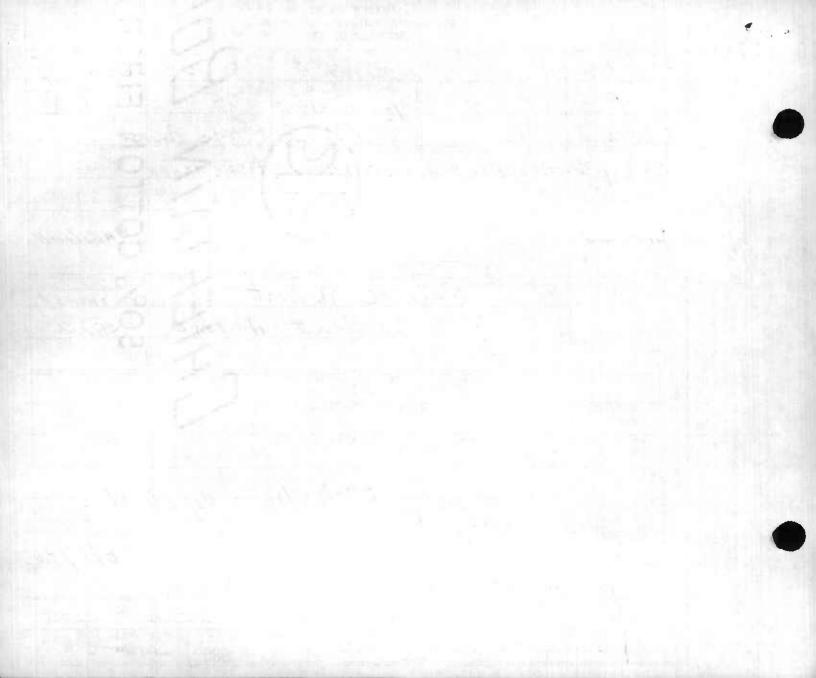
21211

NO I

STATE

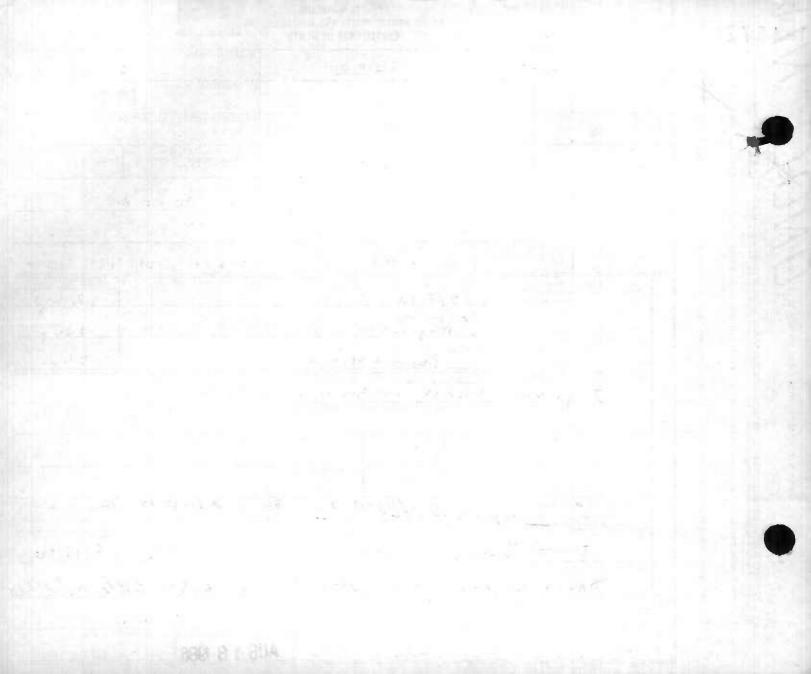


							E OF MARYLAND			
	1.	FOR STATE			DEPARTA		IEALTH AND MENTAL HYG	iene 6	2 2	3 5 5
00		REGISTRAR						REG. NO		
50	I DE	CEASED NAME OR PRINT) R	FIRST		MIODLE	GOL	LOBER 6	20. DATE OF DEATH	MONTH DI	6-86 1215
	3 SE	×	4	RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	THOAY)	F UNDER 1 YEAR IF UNDER 24 HR
		FI	MALE	WHI	тE	MONTH	- MXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	25 7	6 YRS	ONTHS DAYS HOURS MIN
(8)	70 B	RTHPLACE (STATE OR			WHAT COUNTRY?	8/1		9 BALTIMORE CITY O		OF DEATH
and a	1 2	USS/A		US		WIDOWE	D NEVER MARRIED DIVORCED D	CITY-	BALT	o. "
Conflict	10_C	TY OR TOWN OF DE	BALTUI		H FACILITY, GIVE STREET	IG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATE IT TO THE MAN A STORE TO THE MAN A STORE TO THE MAN A STORE THE ST	E WORKING LIFE	126. KIND OF BUSINESS C
6			SING HOME OF OT		GIVE RESIDENCE BEFORE	AOMISSION)				
SE		ARYLAND	13b COUNTY		13c BALTIMO	RE	AES NO D		HTS.	AVE. #810 #2
20	14 F/	THER'S NAME	MIC	SEG	ET LAST		15 MOTHER'S MAIDEN NAM SARAH	AE MIDDLE		LAST
XXX		UNKNOW	/							UNKNOWA
dico	160 \	O NO OR UNKNOWN)	IN U.S. ARME		220-05-4		17 INFORMANT MA	YNARD TUROW	SS	
1	1				220-05-4	1940	14000 N.GATE	DR. SILVER	SPRIN	IG, MD 20906
Total Control		IS CAUSE OF DEAT	H (Enter anly	ane cause per	line far (a), (b), and	dicin	. 0	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
0014		PART I. DEATH V	IMMEDIATE		Cosc	DIA	C THERE	5/		Immed
3 4				DUE TO. O	R AS A CONSEQUE	NCE OF	1	1		
r froum		Conditions, if ony		((b)_	15 che		hemit	#ISEMS-	e	YEMS.
dia dia		gave rise to im cause (0), stati		DUE TO. O	R AS A CONSEQUE	NCE OF				/
5 =		and a large and a second								
_ 0		underlying cause	e lost	(c)_						
0 0	NO						NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 110
to burio njury, or	ATION		NIFICANT CO	NDITIONS <u>C</u>	ONTRIBUTING TO (DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	TON IF YES,	WERE FINDINGS USED
tws ony injury, or	IFICATION	PART 2 OTHER SIG	NIFICANT CO	NDITIONS <u>C</u>	ONTRIBUTING TO (DEATH BUT		29e AUTOP517	78s. IF YES, IN CERTIFY	WERE FINDINGS USED ING CAUSES OF DEATH?
tws ony injury, or	CERTIFICATION	PART 2 OTHER SIG	NIFICANT CO	INE COND	ONTRIBUTING TO D	OEATH BUT	IN WAS PERFORMED	10e AUTOPS17	7th IF YES, IN CERTIFY YES	WERE FINDINGS USED ING CAUSES OF DEATH?
tws ony injury, or	AL CERTIFICATION	PART 2 OTHER SIG	NIFICANT CO	19L COND 21L TIME O HOUR A	ONTRIBUTING TO D ITION FOR WHICH IF INJURY M. MONTH DA	OPERATIO		10e AUTOPS17	7th IF YES, IN CERTIFY YES	WERE FINDINGS USED ING CAUSES OF DEATH?
Mental Hygiene prior ta burio ir Item 18 shaws any injury, or		PART 2 OTHER SIG	TION CHILTEG CAUSE OF DEATH CALSEANDES	19L COND 21L TIME O HOUR A	ONTRIBUTING TO D ITION FOR WHICH IF INJURY M. MONTH DA M.	OEATH BUT	21L HOW INJURY OCCURR	290: AUTOPS17 VES NO ED (INTERNATIVE OF MAIN	78h IF YES, IN CERTIFY YES	WERE FINDINGS USED ING CAUSES OF DEATHY NO TO NO
Mental Hygiene prior ta burio ir Item 18 shaws any injury, or	MEDICAL CERTIFICATION	PART 2 OTHER SIG	NIFICANT CO	19E COND 19E COND 21E TIME O HOUR A P.	ONTRIBUTING TO D ITION FOR WHICH IF INJURY M. MONTH DA M.	OPERATIO AY YEAR	IN WAS PERFORMED	10e AUTOPS17	78h IF YES, IN CERTIFY YES	WERE FINDINGS USED ING CAUSES OF DEATH?
or Item 18 shows ony injury, or		PART 2 OTHER SIG	NIFICANT CO	19s COND 19s COND 21s TIME O HOUR A 21s PLACE 141 HOME SITE	ONTRIBUTING TO DESTRUCTION FOR WHICH OF INJURY M. MONTH DA OF INJURY OF INJURY	OPERATIO AY YEAR	21L HOW INJURY OCCURR	290: AUTOPS17 VES NO ED (INTERNATIVE OF MAIN	78h IF YES, IN CERTIFY YES	WERE FINDINGS USED ING CAUSES OF DEATHY NO INFORMATION NO INFORMAT
Mental Hygiene prior ta burio ir Item 18 shaws any injury, or		PART 2 OTHER SIG	NIFICANT CO	IN COND IN COND IN TIME O HOUR A P. ZIE PLACE IN TOME III	ONTRIBUTING TO DESTRUCTION FOR WHICH IF INJURY M. MONTH DA M. OF INJURY MILL FACTOR OFFICE A OF ORDER O	OPERATIO AY YEAR 19	21L HOW INJURY OCCURR	290: AUTOPS17 VES NO ED (INTER WATHER OF MAIN CONTONTO	TOTAL OF THE STATE	WERE FINDINGS USED ING CAUSES OF DEATH? NO
of Health and Mental Hygiene prior to burro n 21 is morked or Item. 18 shows any injury, or		PART 2 OTHER SIG	NIFICANT CO	IN COND IN COND IN TIME O HOUR A P. ZIE PLACE IN TOME III	ONTRIBUTING TO DESTRUCTION FOR WHICH IF INJURY M. MONTH DA M. OF INJURY MILL FACTOR OFFICE A OF ORDER O	OPERATIO OPERATIO AY YEAR 19	211: LOCATION 27-/25-/8 and that in (my) (our) apinion of	290: AUTOPS17 VES NO ED (INTER WATHER OF MAIN CONTONTO	TOTAL OF THE STATE	WERE FINDINGS USED ING CAUSES OF DEATH? NO INTERPRETATION OF THE COURSE STATE OF THE COURSE OF THE COURSE STATE OF THE COURSE
Pept of Health and Mental Hygiene prior to burion them 21 is morked or Item, 18 shows any injury, or		PART 2 OTHER SIG	NIFICANT CO	IN COND IN COND IN TIME O HOUR A P. ZIE PLACE IN TOME III	ONTRIBUTING TO DESTRUCTION FOR WHICH IF INJURY M. MONTH DA M. OF INJURY MILL FACTOR OFFICE A OF ORDER O	OPERATIO AY YEAR 19	211: LOCATION 211: LOCATION 211: LOCATION (My) (QUI) apinion of DEGREE ATTENDING	290: AUTOPSY? VES NO. ED (INTER VETUE OF MAIN COM ONTO COM OF TO MEDICAL STAF	The IF YES, IN CERTIFY YES	WERE FINDINGS USED ING CAUSES OF DEATH? NO
Pept of Health and Mental Hygiene prior to burion them 21 is morked or Item, 18 shows any injury, or		PART 2 OTHER SIG	TION CAUSE OF DEATH	INDITIONS CO	ONTRIBUTING TO DESTRUCTION FOR WHICH IF INJURY M. MONTH DA M. OF INJURY MILL FACTOR OFFICE A OF ORDER O	OPERATIO OPERATIO AY YEAR 19	211 LOCATION 211 LOCATION 11 10 ATTENDING PHYSICIAN 21 ATTENDING PHYSICIAN	290: AUTOPSY? VES NO. ED (INTER VETUE OF MAIN COM ONTO COM OF TO MEDICAL STAF	The IF YES, IN CERTIFY YES	WERE FINDINGS USED ING CAUSES OF DEATH? NO INTERPRETATION OF THE COURSE STATE OF THE COURSE OF THE COURSE STATE OF THE COURSE
Pept of Health and Mental Hygiene prior to burion them 21 is morked or Item, 18 shows any injury, or		PART 2 OTHER SIG	TION CAUSE OF PLANT AME (1YPE OR PLANT AME (1YPE OR PLANT AME (1YPE OR PLANT CAUSE AME (1YPE OR PLANT CAUSE AME (1YPE OR PLANT CAUSE CAU	INDITIONS CO	ONTRIBUTING TO DESTRUCTION FOR WHICH IF INJURY M. MONTH DA M. OF INJURY INTERCEPT OFFICE A Of decgased from after death. 19	OPERATIO AY YEAR 19 AMM.FICI	THE HOW INJURY OCCURRED TO THE HOW INJURY OCCURE	290: AUTOPSY? VES NO. ED (INTER VETUE OF MAIN COM ONTO COM OF TO MEDICAL STAF	THE WEST	WERE FINDINGS USED ING CAUSES OF DEATH? NO INTERPRETATION OF THE COURSE STATE OF THE COURSE OF THE COURSE STATE OF THE COURSE
Dept. of Health and Mental Hygrene prior to burio Hem 21 is morked or Item 18 shaws any injury, or	WEDICAL MEDICAL	PART 2 OTHER SIG	TION CALLED OF DEATH CALLED O	INDITIONS CONDITIONS C	ONTRIBUTING TO CO	OPERATIO AY YEAR 19 NAME OF C	THE HOW INJURY OCCURRED THE HOW INJURY OCCURR	MEDICAL STAR DIRECTOR PHYSIC BALTO.,	THE WEST OF THE PROPERTY OF TH	were fendings used in Causes of Death? If I offered in that (1) (we) to and from the causes stated 22c. DATE SIGNED 8/6/86
Pept of Health and Mental Hygiene prior to burion them 21 is morked or Item, 18 shows any injury, or	WEDICAL	PART 2 OTHER SIG	TION CALLE OF DEATH CALLE AND O	INDITIONS CONDITIONS C	ONTRIBUTING TO CONTRIBUTING TO	OPERATIO OPERATIO AV YEAR 19 NAME OF CEBREW	THE HOW INJURY OCCURRED THE HOW INJURY OCCURR	MEDICAL STAF DIRECTOR PHYSIC - BALTO., 23d LOCATION CITY OF DALTO CITY OF DALTO CITY OF DALTO BALT	ate and hour MD	that (1) (we) to and from the couses stoted 220. DATE SIGNED B/6/86
Pept of Health and Mental Hygiene prior to burion them 21 is morked or Item, 18 shows any injury, or	WEDICAL	PART 2 OTHER SIG	TION CATE OF DEATH CALLED AND OF DEATH CALLED	noitions Conditions Co	ONTRIBUTING TO CO	OPERATIO OPERATIO AY YEAR 19 NAME OF CEBREW 3., INC.	THE HOW INJURY OCCURRED THE HOW INJURY OCCURR	MEDICAL STAF DIRECTOR PHYSIC - BALTO., 23d LOCATION CITY OF DALTO CITY OF DALTO CITY OF DALTO BALT	ate and hour MD	were fendings used in Causes of Death? If I offered in that (1) (we) to and from the causes stated 22c. DATE SIGNED 8/6/86



							OF MAKTLAND					
700		1-	FOR STATE REGISTRAR		DEPARTI	MENT OF H	CATE OF DEA	TAL HYGIEN	REG.	2 2 NO.	5 5 6)
e 6 4			CEASED NAME APEL	E	MIDDLE	Carl	on and	20	DATE OF DEATH		/	2b HOUR
poge 3		3. SE		4 RACE)	5. DATE O		6.	AGE (IN YEARS LAST I			12:30 AM
sector.		1	FEMALE	can	CANAN	MONTH	DAY	YEAR 1913	73	YRS	MONTHS DAYS	HOURS MIN.
2 70	26	la Bi	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIED	☐ NEVER MARE	RIED 9	BALTIMORE CITY			
10	2	1	MARKUMP	us	A	WIDOWE	DIVOR	CED 🗌	BAVI			MD.
100	north of the	10 CI	3AVIMORE	(IF NOT IN SUC)	HOSPITAL, NURSIN HEACILITY, GIVE STREET HEASTES	ADDRESS)	CEN	17816 4 IT	USUAL OCCUPA PE OF WORK FOR MOS Housew	OF WORKING	LIFE) INDUSTRY_	business or ome
1	35	130. S		other institution.	GIVE RESIDENCE BEFORE 134 CITY OR TOW Chevy Ch	VN 1	136. INSIDE CITY L YES [K] NO		STREET ADDRESS		·	ENCHASE
1	10	(4. FA	THER'S NAME		Office by Of	lase	15. MOTHER'S MA		480 WISC	ANSIN	716.100	1-200 N
17/	(的(1	Bernard	MIDELE	Chessi	in	Mary		WIDDLE		Selend	WO
P	loo A		AS DECEASED EVER IN U.S. AR		166 SOCIAL SECU		17. INFORMANT		ADD	Počkvi	lle, Md.	
Poge	medico 2		NO OR UNKNOWN) IF YES, GIV	/E WAR OR DATES)	578-42-3	840	Lynne Ro	binson			n Drive.	#203:
tos been signed by the c permit. Then please remaine prior to buriol, cremai	ws any injury, ar ather tra	CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT ((c)CONDITIONS <u>CC</u>	R AS A CONSEQUE	DEATH BUT		D	20a AUTOPSY?	20b. IF YE	ES, WERE FINDING	GS USED OF DEATH?
certificate h	8 5 8	ERT	21a. ACCIDENT WAS UNDERLYING				21c HOW INJURY		YES NOTURE OF IN		YES DEPART 1 OR PART 2)	NO [
uriol-tro	E		OR CONTRIBUTING CAUSE OF DE		M. MONTH D	AY YEAR						
Mentol Mentol	or He	MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY		211 LOCATION		CITY OR	IOWN	COUNTY	STATE
pood	morked or	2	WHILE NOT WHILE AT WORK	AT HOME, SIK	REET, FACTORY, OFFICE, I	FARM, ETC. }	JINCE	04				STATE
of Healt	n 21 is mo		220 I certify that ((this hospi saw the deceased alive an above, ((we) (did) (did)	8/7	19			9 80) opinion deat	to	O date and ho	19 <u>86</u> , th	not (we) lost ouses stated
detached	Z - Z		226. SIGNATURE Cestu				, PHYS	NDING A	MEDICAL ST IRECTOR PHYS	AFF ICIAN	220 DATES	878B
TO FUNERAL (should be deta	MPORTANI		22d PHYSICIAN'S NAME (TYPE OF		Ku	12.5	120. ADDRESS		NOW GEX	PATIETE	c center	e + Hosel
⊢ ™ 3	4		URIAL, CREMATION, REMOVAL				METERY OR CREM		23d. LOCATION		COUNTY	STATE
P	-		rial	8/24/8	b Ad	as Isr	ael Cong	.Cemet	ery; Wast			
MH - 16 60A			INERAL DIRECTOR DANZAL					1962	5º 1966 STRA	Lia Da	TRAR'S SIGNATU	RE
(VRA 15,	1)	1	70 Rockville P:	ike: Roc	kville.	Md. 20	852		C			

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO. 1 DECEASED NAME 20 DATE OF DEATH 7h HOUR (TYPE OR PRINT) THOMAS GOODMAN 3:10 8 14 86 1 SEX 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS male black. 29 1917 BIRTHPLACE I STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED ANEVER MARRIED Md US Baltimore city WIDOWED DIVORCED T IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR LIVE DE WORKING LIFE INDUSTRY VAMC BALTIMORE, MARYLAND 21218 Baltimore USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13c. CITY OR TOWN 3819 Rochlan 113d. INSIDE CITY LIMITS? Avenue 21215 Baltimore YES (X) Beehler 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE Peters Eleanor Goodman Thomas 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 216 07 5901 Geraldine Conners 2417 Druid Hill Avenue 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED 8Y. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF ASpiration Canditians, if any, which gove rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to SWAL molnuty, hi SAVOVE US 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED à IN CERTIFYING CAUSES OF DEATH? NOF YES 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) H 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE morked NOT WHILE 220.1 certify that (this haspital) attended the deceased from August August 14 19 84 saw the deceased alive on_ and that in (my (aur) apinion death accurred on the date and have and from the causes stated NI abave, (we) (did) (did not view the body after death 22h SIGNATURE DEGREE 22c DATE SIGNED MEDICAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT. 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS d b MI 230. BURIAL, CREMATION, REMOVAL (SPECIFY) CITY OR TOWN Milis ST MD 8/18/86 Garrison Forest Vet BP Burial Owings 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 March Funeral Home West 4300 Wabash Avenue (VRA 15, 4)



4		FOR - STATE REGISTRAR		ARTMENT OF H	E OF MARYLAND TEALTH AND MENTAL HYGICATE OF DEATH	IENEO 2	2 3	5	8
		CEASED NAME FIRST SULT-	MIDDLE		odwyn Win	20. DATE OF DEATH	A 27	YEAR	26 HOUR /0:30 AM
83	3. SE	×	1. RACE Black	S DATE C		6 AGE (IN YEARS LAST BH	RTHDAY) IF UN MONT	NDER 1 YEAR	IF UNDER 24 HRS
Once		IRTHPLACE (STATE OR FOREIGN COUNTRY) VITGINIA	76 CITIZEN OF WHAT COUNT	MARRIE WIDOWE	D NEVER MARRIED	BALTIMORE CITY O		DEATH	, MD
Partie	10 C	Baltimore	11. NAME OF HOSPITAL, NU	RSING HOME C	General Hosp	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST	OF WORKING LIFE)	26 CIND OI NDUSTRY	F BUSINESS OR
S C C	USU 13a	AL RESIDENCE (IF NURSING HOME OR STATE HD LAD COUNTY	TL IBL CHY OR		13d INSIDE CITY LIMITS?	13e STREET ADDRESS	20 A Z	123	0
a company	14 F/	Thomas	Jackson		15 MOTHER'S MAIDEN NAM	WIDDIE WIDDIE	Willia	ems (AST	
medicol		WAS DECEASED EVER IN U.S. AR. YES NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIALS	security no	James Good	lwyn $31\overset{\hat{0}}{0}\overset{\hat{0}}{0}\overset{DDR}{2}$	Milford 1207	Ave.	
otic event, th		18 CAUSE OF DEATH (Enfer on PART I. DEATH WAS CAUSE) IMMEDIAT	y ane cause per line for (a), (b) BY: E CAUSE (o) DUE TO, OR AS A CONSE	dro pu	lmonory	arrest		APPROXIA BETWEEN O	MATE INTERVAL MSET AND DEATH
or other troum		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSE	QUENCE OF	gangrene Rydraton,	Cache XI	feet		
injury, o	NOL	PART 2 OTHER SIGNIFICANT C	onditions <u>contributing</u>	TO DEATH BUT	NOT ELATED TO THE TERMI	NAL DISEASE OR CON	DITION GIVEN IN	N PART Ita	
2 Son	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WH	TICH OPERATION	N WAS PERFORMED	200 AUTOPSY? YES NO NO	206. IF YES, WE IN CERTIFYING YES		
Hem 18 s		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I	OR PART 2)	
morked or	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFF	ICE, FARM ETC)	211 LOCATION STREET	CITY OR TO	WN (COUNTY	STATE
21 is		22a 1 certify that (I) (this haspit saw the deceased alive on abave, (I) (we) (did	8/17	100	d that in (my) (our) opinion d	eath accurred on the de	ate and haur and		hat (1) (we) lost auses stated
AT. If Hem		22b. SIGNATURE	chal Cho	- 1	ATTENDING PHYSICIAN	MEDICAL STA	FF A	22c. DATE S	IGNED / PK.
MPORTANT		SONG (CHOL CHON	, M.P.	220 ADDRESS 300 1	Fimore,	MD.	it 21:	236
	23a. B	BURIAL, CREMATION, REMOVAL	23b DATE 8/31/86	Jackson	m fam. Cem.	23d LOCATION CITY OF TOWN Sussex	co. v	a.	STATE

DHMH - 16 50M 1/B1 (VRA 15, 4) 24 FUNERAL DIRECTOR

Chas.A.Rice FSPA 1300 Eutaw Place

m. Sussex CO. Va.

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

CED 7 1086

Digital and in

Table 1

Took or med

and the same of the same

da sur a sur

(VRA 15, 4)

ALL STATE OF THE S · First Carl Salar Carl and and a local consequence of the Carl Carl Carl - 1 - 16 | Isan a memoty of the fee 1 The second state and 1 and 1

	1			STATE OF MARYLAND		
-14370		FOR STATE REGISTRAR		ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	B REG. NO.	5 6 0
0 m £		CEASED NAME FIRST	MIDDLE I.	C sol - S C Al	tal britte of berlin	DAY YEAR 26 HOUR
poge 3			/	ConEN	8-2-198	M
to offer. p	3. SE	CEMALE!	WHITE	S. DATE OF BIRTH MONTH DAY YEAR 1 - 1 - 1 9 1	6. AGE (IN YEARS LAST BIRTHDAY) 7 2- YRS	IF UNDER 1 YEAR IF UNDER 24 HRS
16-16	In	ARY LAND	CITIZEN OF WHAT COUN	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY	
111		BALTIMORE	SOUTH OA	IRSING HOME OR OTHER INSTITUTION TREET ADDRESS) LTIMORE CEEN HOS	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF HOUSEWIFE	126 KIND OF BUSINESS OR INDUSTRY Home Maker
	13a.		13c CITY OR	TOWN 13d INSIDE CITY LIMITS? YES NO 1	3723 Fifth Street	et 21225
ond 2 s	14 F.	ATHER'S NAME - PANKLIN M	NODLE KOHL	HAFER VERN	a iddiss	Narville
Poges I Poges		WAS DECEASED EVER IN U.S. ARM		SECURITY NO. 17 INFORMANT	ADDRESS	
be e		YES, NO OR HINKNOWN) (IF YES GIVE	214-21	6-4738 David P. Go	owen Same as 13	3e
that the death certifico d by the attending phys lease remove carbon pop iol, cremotion, or remove or other troumatic event,	7	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED MAKEDIATE Conditions, if any, which gave rise to immediate cause to), stating the underlying cause last.	DUE TO, OR AS A CONSI	EVEROLE OF EXCEORATION FOURICE OF TENSIVE ATH	OF COPD.	
signe Then p to bur njury,	NO	PART 2 OTHER SIGNIFICANT CO		TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIV	EN IN PART 110
The low rection.	CERTIFICATION	19a DATE OF OPERATION		HICH OPERATION WAS PERFORMED	YES NO YES	, WERE FINDINGS USED YING CAUSES OF DEATH? S NO
StCIAN: ng physic certificot mol-tron entol Hyg	MEDICAL CE	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	DAY YEAR 19	RRED (ENSER NATURE OF INJURY IN ITEM 18 P	AT OR PART 2)
or ottendi After this e as the bu olth and M	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME STREET FACTORY, OF	FICE FARM ETC) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
OR ATTENDO DIRECTOR. A borber of Heol		saw the deceased alive an abave, (1) (we) (did) (did not	8-2-	om 7 10 19.86 9.86 , and that in (my) (aur) apinion		
4 4 4 4		226 SIGNATURE / A	ji Singl	DEGREE M.D. ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	8-2-1986
TO HOSPITAL TO FUNERAL should be det with the State		DY HARJI-	T SIN GH	H.O SOUTH	BALTIMORE C	FEN HOS
BP	E	BURIAL, CREMATION, REMOVAL'	8/6/86	Cedar Hill Cemetery	Baltimore	COUNTY A. A. Md
DHMH - 16 60M 7/84 (VRA 15, 4)	Ge	orge J. Gonce	4001 Ritchie	Hgwy Balto Md 250 DA	TE REC D. BY REGISTRAR 25 REGIST	PAR'S SIGNATURE

handle or mindt had bone a ngrock

A President

STATE OF MARYLAND

THE THE PARTY STATE OF THE STAT Eller of the state A THE PROPERTY OF A STATE OF THE PARTY OF TH

15200	1.	FOR STATE REGISTRAR	DEPAR	RTMENT OF I	E OF MARYLAND EALTH AND MENTAL HY CICATE OF DEATH	GIENE O REG. NO	2	3 6	3
1-12200		CEASED NAME FIRST LEROL	y Benjamin		Graham	1		1986	26 HOUR .
moy by page ter deat	3 SE	X	4 RACE	5. DATE (OF BIRTH	6 AGE (IN YEARS LAST BIRT	THDAY)	IF UNDER I YEAR	IF UNDER 24 HRS.
bge 4		Male	White	2 MONT	13 09	77	YRS.		HOURS MIN.
	A	RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTR	MARRIE WIDOWI	NEVER MARRIED	Baltimon	_		MD
Double de la company de la com	10 C	Baltimone	11. NAME OF HOSPITAL, NUR	REET ADDRESS)	or other institution	120. USUAL OCCUPATION		126 KIND O	of Balto
AND 217	Ma	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN Wyland	VIY 13c CITY OR TO		134. INSIDE CITY LIMITS?	312 Gusrya	zip cope in Str	eet 212	224
MARYL ed with ord 2 s	14 F/	Charles FA	J ===	ham	Sadie	Rebecca		llins 1AS	r
be executor on and control of the co	160 \	VAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES GIV	MED FORCES? 166 SOCIAL SE WE WAR OR DATES) 212-09	-7537	Bertha (. G	raham 312 Gu			1224
A. PRESTON ST., BA		PART I. DEATH WAS CAUSE	DUE TO, OR AS A CONSEC	QUENCE OF	natosis	Jum.		BETWEEN	IMATE INTERVAL ONSET AND DEATH
L RECORDS, 201 W te low requires that no. has been signed by permit. Then please see prior to buriol, c are prior to buriol, c was ony injury, or ord	CERTIFICATION	PART 2 OTHER SIGNIFICANT (conpitions contributing to the condition for white Columns of	ICH OPERATIO		VINAL DISEASE OR CONI	20b. IF YES	EN IN PART 110 , WERE FINDIN YING CAUSES	NGS USED
NG PHYSICIAN: The offending physicial free this certificate os the buriol-transif th and Mental Hygin parked or Item. 18 show that the order them.	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ALSE OF DEAL (IF EITHER NOTIFY MEDICAL EXAMINES AND COURRED NOT WHILE NOT WHILE	HOUR A.M. MONTH	DAY YEAR 19 CE, FARM, ETC.)	211 LOCATION SIREET	RRED (ENTER NATURE OF INJUR	RY IN ITEM 18 PA		STATE
HOSPITAL OR ATTENDI nined by the hospital or FUNERAL DIRECTOR. A void be detached for use with the State Dept. of Heal		1220. I certify that (I) (this haspi	yiew the body after death.	26.	nd that in (my) (our) apinion DEGREE ATTENDING PHYSICIAN 122e ADDRESS	MEDICAL STAF	FF IAN .	and from the	
BP		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23b DATE 23	011	nun Cemetery	23d LOCATION CITY OF TOWN CASTUROOD	Bal	to Co	STATE
DHMH - 16 60M 7/84 (VRA 15, 4)		harles S. Zeile	er & Son Inc. 6	224 Eq.		TE REC'D. BY REGISTRAR	ISB. REGISTE	RAR'S MGNAT	ure and alle

and the second s manual and a second - 1~

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE. - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH MONTH YEAR 2b. HOUR TYPE OR PRINTS Helen (NMN) Grantlin 28 1986 August 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 3 SEX IF UNDER 24 HRS MONTH YEAR . Female White September 21. 1921 64 BIRTHPLACE (STATE OR FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH Th. CITIZEN OF WHAT COUNTRY MARRIED W NEVER MARRIED COUNTRY Maryland USA WIDOWED DIVORCED [Baltimore City CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF MOST OF WORKING LIFE INDUSTRY . Baltimore Homemaker Own Home South Baltimore General Hospital SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION

BY STATE

136. CITY OR TOWN 130 STATE 13e.STREET ADDRESS / ZIP.CODE 13d INSIDE CITY LIMITS? 2088 Kurtz Ave. Maryland A A Co. Pasadena NO X 21122 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST Kalivoda Anton J. Mary Jorecik 17 INFORMANT (Husband) ADDRESS 16# WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. (IF YES, GIVE WAR OR DATES) Mr. Clarence M. Grantlin No NA 217.16.8131 Same as #13 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o PRESTON ST Conditions, if ony, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In 5.0 DIVISION OF VITAL RECORDS, CATION 0 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS LISED à IN CERTIFYING CAUSES OF DEATH? pe CERTIFI NOF YES YES [NO | 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM, ETC) STREET NCI WHAT 22x I certify that the this haspital attendary the deceased from saw the deceased alive on, and that in the four ppinion death occurred on the date and hour and from the causes stated DIREC 776 SIGNATUR DEGREE 22L DATE SIGNED ATTENDING MEDICAL PHYSICIAN [] DIRECTOR PHYSICIAN IMPORTANT: 224 PHYSICIAN'S NAME TYPE DE -22e ADDRESS should be 300 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN COUNTY 1986 Glen Haven Mem. Park Glen Burnie Burial Maryland 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 Singleton Funeral Home Glen Burnie, Maryland (VRA 15, 4)

					ron					OF MARYLAI								
00.	-11	20	1	1 -	FOR STATE REGISTRAR		DE			ALTH AND M	2.66	IENE O	850	2 2	J	6	5	
		20	1	. DEC	EASED NAME FIRST		MIDDLE		LAS	i .		2a. DATE	OF DEATH	NO.	DAY	YEAR	2b HOUR D	-
4	oge 3		-1	(TYPE	TAMALA		т.		GRA	755	2 32	AT	JGUS	г 1.	198	6	9:124	A
	P P			SEX		4 RACE		5.	DATE OF	BIRTH			N YEARS LAS		IF UNI	DER TYEAR	IF UNDER 24 HRS	_
-	ector ector				female	black			~10T	21	1976		9	YE	MONTH	DAYS	HOURS MIN.	
	100	10	1		THPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COU	NTRY? 8	MARRIED	☐ NEVER MA	ARRIED X	9. BALTIA	AORE CIT	OR COU	NTY OF D	EATH		-
		0	4		Md	U	<u> </u>	W	IDOWED	DIV	ORCED	I	BALT	IMORI	E CI	TY	MD	ŀ,
1		.1	3		Y OR TOWN OF DEATH	11. NAME OF	HOSPITAL, I			OTHER INSTIT	TUTION		OCCUP	ATION STOF WORKIN	IG LIFE) IN	b. KIND O	F BUSINESS OR	Ī
1	門語	5	2		BALTIMORE					HOSP	ITAL							
-	22	4		130. S			134 CITY O	RTOWN		34 INSIDE CIT	Y LIMITS?	13e.STREE	T ADDRES	S / ZIP C	ODE		1 100	
	y till	-	-1		Md —		Balti	more		6.0	NO [380)5 Ga	rriso	n Bly	vd 21	1215	_
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	うし	_	4 FA	HER'S NAME	MIDDLE	L	AST			RST	ΛĿ	MIDDLE			LAS	И.	
	0.0	302			obby			aves		Shirl	7		4.50	D B F C C		Morr	^1S	
	puo est	pajpa		60 W		RMED FORCES?	16b SOCIA	L SECURIT	-	7 INFORMAN		2001		DRESS	0.7	4		
•	rs. Pe	E	-		No L					Robby G	raves	3805	b Gar	rison	RIV			_
	hysic	avol			18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one couse pe ED BY:		- 4	,	60-04	C:10	CO			-	BETWEEN	ONSET AND DEATH	_
O :	ng b	rem			IMMEDIA	TE CAUSE (a)	Con	gest	The .	neart	Jains	re				10	on Th	/ 3
	e cor	on, or			Conditions if any blak	DUE TO, C	RASACON	4 0 0	E OF	ikted	card	· Olas	400-	H.		1m	onths	
	O O O	r frot			Conditions, if any, which gove rise to immediate	(p)	-	pathi		14(12)	Curo	4 DWG	1000	cinz	1			-
	oy - os	othe.			cause (a), stating the underlying cause last	DUE TO, C	R AS A CON	ISEQUENC	EOF									
0	Ple de	urial			PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTIN	IG TO DEA	TH BUT N	OT RELATED T	O THE TERM	INAL DISE.	ASE OR CO	NOLTION	GIVEN IN	PART 1	0.	=
	Then	tob		S O			,								0112111			
	bee mit.	ony in	7	CERTIFICATION	90 DATE OF OPERATION	196 COND	ITION FOR V	WHICH OP	ERATION	WAS PERFOR	MED	200 AL	TOPSY?	20b. IF	YES, WE	RE FINDIN	NGS USED OF DEATH?	
4	he in hos	Hygrene 18 shows	4	E								YES [NOC		YES [CAUSES	NO [
ode.	hysicid ficate fronsit	Hyg 18 st	2		21a ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE	216. TIME O		TH DAY	YEAR	21c HOW INJ	URY OCCURR	ED (ENTER	NATURE OF	NURY IN ITEM	IS PART I C	OR PART 2)		Ī
5	or per per per per per per per per per pe	ltem	71	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE	AIII	.м.		19									
	this ebu	dor It		ED	21d INJURY OCCURRED	21e PLACE	OF INJURY	OFFICE, FARM	EIC)	III. LOCATION	4		CITY O	RIOWN	- 0	OUNTY	/ STATE	Ī
	frer at the as the	th or		1	AT WORK NOT WHILE						_		1		1 0	20		
9	Ne A	deol is m			22a I certify that (I) (this hasp	Λ	ne deceased	from_	Jul	465	19 86	, to	And	MET	19_2	-	that (I) (we) last	Ī
À	Spite	of l	ы		saw the deceased alive a above, (I) (we) (did) (did n	at) view the body	ofter death.	19		that in (my) (a	our) opinion o	death accu	rred on the	date and	hour and	Irom the	couses stated	
9	DIRE	Dept If Item			276. SIGNATURE	1				GREE	TENDING	MEDICA		TAFF	3	22c DATE	10.	Ī
	by the ERAL DI e detocl	P Z -			Londer	nxM	0			LL) PI	HYSICIAN [DIRECTO	R PHY	SICIAN		8//	186	
900	une d be	With the State MPORTANT:	Н		22d. PHYSICIAN'S NAME (TYPE	104	EL JAN	10	400	22e. ADDRESS	6.00 THE	N W	OLFE	ST.	BAI	LTO.	MD.	
i		With With	1		LINUT KA		-1111	16				, , ,		* * * * * * * * * * * * * * * * * * * *	2 111	_	1205	
			1	3a. BI	JRIAL, CREMATION, REMOVA		- 10-			AETERY OR CR			CATION ITY OR TOWN		cou			ĺ
	BP	_	-	4 611	Burial	8/5	5/86	King	Mem	orial P	ark	Ri Ri	andal	Iston	n	CICNIT	Mď	
DI	HMH - 16 6		1		NAME	F (1)		DRESS			AII	G F	1026	AK ZOD. REC	Shirt C	MAN	andeloc	
	(VRA 15	, 4)		MI	lliam C. March	F/H Wes	st 430	0 Wah	ash	Lypnup	70	O U	, ,,,,,,	4				

STATE OF MARYLAND

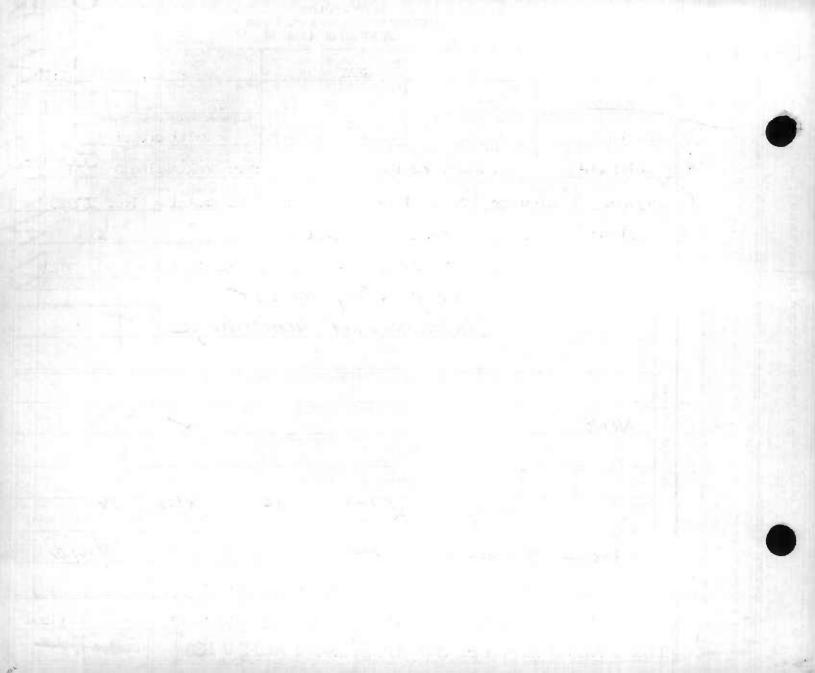
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR STATE REGISTRAR	D	EPARTMENT OF H	EALTH AND ME		REG. NO.	0 0	0
1	1. DECEASED NAME FIRST	WIDDLE	i.	AST		20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR
ı	AUDRE	У С.		GRAY		AUGUST 26.	1986	12:20PM
H	1.58X	4 RACE	5. DATE C		YÉAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONIHS DAYS	IF UNDER 24 HRS
	FEMALE	WHITE	8	25	19	67 YRS	MOINTS DATS	NOURS MIN.
5	TO SIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT CO	UNTRY? B.	NEVER MA	RRIED -	9 BALTIMORE CITY OR COUNT	Y OF DEATH	STORY OF
E	Maryland	U.S.A.	WIDOWE		RCED	Baltimore	city	MD.
1	Baltimore	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GI St. Agnes	IVE STREET ADDRESS)	R OTHER INSTIT		12a USUAL OCCUPATION (TYPE OF WORK FOIL MOST OF WORKING) SecBookkeepin	LIFE) INDUSTRY	Pontiac ald
7	USUAL RESIDENCE (IF NURSING HOME OF 130. STATE 131. COUI Maryland Bal	NTY 136 CITY (13d. INSIDE CITY	LIMITS?	130.STREET ADDRESS / ZIP COU 403 Westside B	DE.	1228
	FATHER'S NAME FIRST Albert		last ontz	15. MOTHER'S A	57	MIDDLE	Noa	
7	160 WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166. SOCI	IAL SECURITY NO.	17 INFORMAN		ADDRESS	2,100	
-	(YES, NO OR UNKNOWN) (IF YES, GI	ve war or dates)	8-10-7204	Harold	E. Gr	ay 403 Westside	Blvd.	21228
	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CO	PACACE INSEQUENCE OF	not related to	Hem O THE TERMI	orlage NAL DISEASE OR CONDITION G	IVEN IN PART 1	(a)
7	INDUCTION ACCIDENT WAS UNDERLYING	196. CONDITION FOR	WHICH OPERATION	N WAS PERFORM	MED	UN CERT	ES, WERE FINDII IFYING CAUSES (ES []	
1	OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MON	19	,74		ED (ENTER NATURE OF INJURY IN ITEM TB	PART I OR PART 2)	
	214 INJURY OCCURRED NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY		21f LOCATION STREET		CITY OR TOWN	COUNTY	STATE
		0/7//	h. 19 86 /an		ur) apinian d	, to	., 19 Xe iur and fram the	that (I) (we) last e causes stated
,	22b. SIGNATURE	& Parles	,	712 PH	ENDING YSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	8/26	SIGNED
	228. PHYSICIAN'S NAME (IVE O	LS				Mospital	,	
	23a BURIAL, CREMATION, REMOVAL	The state of the s		EMETERY OR CR		23d LOCATION CITY OR TOWN	COUNTY	STATE
11	Burial	8/29/86	Loudon	park Ce	metery	Baltimore	M	laryland

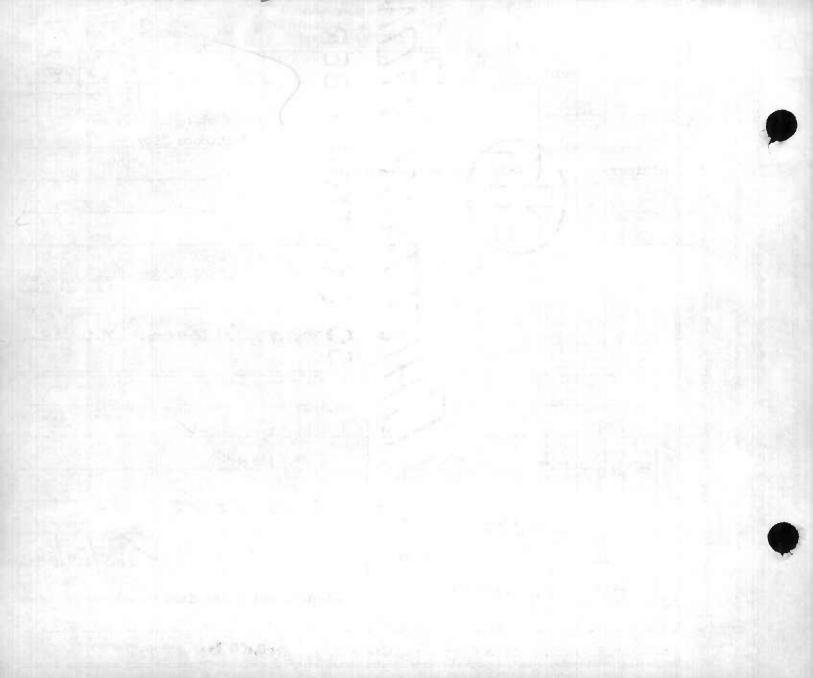
DHMH - 16 60M 7/84 (VRA 15, 4)

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

AUG 2 9 1986



	- 1					STATE OF MARYLAND				
		1.	FOR STATE	DE	PARTMEN	FOF HEALTH AND MENTAL H	YGIENE O	2 2	5 6	1
1607	7		REGISTRAR		C	ERTIFICATE OF DEATH	REG.	NO.		
. 001	1		CEASED NAME FIRST	WIDDLE		LAST	20. DATE OF DEATH		Y YEAR	2b HOUR
deop		(ITPE	ORPRINT) David		Grav		8	8 21	086	8:40 M
80	2	3. SE)		4 RACE	5.	DATE OF BIRTH	6 AGE (IN YEARS LAST I	BIRTHDAY) IF	UNDER 1 YEAR	IF UNDER 24 HRS
1	l	M		D		MONTH DAY YEAR	67		INTHS DATS	HOURS MIN.
9 .	K		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	NTRY2 8	19	9 BALTIMORE CITY	OR COUNTY C	OF DEATH	
2 60	^	S.	OUNTRY	U.S.a.	٨	ARRIED NEVER MARRIED				
87			TY OR TOWN OF DEATH			DOWED DIVORCED {	Baltimor		12h KIND OF	MD. BUSINESS OR
: 41	4	Ra	ltimore	Union Memor			Amtrak	T OF WORKING LIFE)	INDUSTRY	550111255
1		JSU/	L RESIDENCE (IF NURSING HOME OF				Allorak			
- 1	4		ryland 136 COUR			134. INSIDE CITY LIMITS?				2020
3-	7		THER'S NAME	L Ball	timore	YES NO 15 MOTHER'S MAIDEN	1503 E.33	ird. Str	eet 2	1218
56	2		FIRST		ST	FIRST	WIDDLE		LAST	
20	9	_	alvin 'AS DECEASED EVER IN U.S. AR	Gra	A. Y L SECURITY	Minnie NO 17 INFORMANT	ADD	RESS	Lyle	
1/		{ Y	ES. NO OR UNKNOWN) [IF YES GIV	/E WAR OR DATES)		NO 17 INFORMANT	ADD	NESS		
1		Y	es	2500			Gray 1503	E. 33rd		
ovol nt tr			18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one couse per line for (o),	ib' ond ich	v arrest			BETWEEN	MATE INTERVAL INSET AND DEATH
rem				TE CAUSE (0) KEST	pirator	y arrest			1	
corl. or	4			DUE TO, OR AS A CON		OF / N	- 0 4		CMA	1001
otion			Conditions, if ony, which gove rise to immediate	(b) ME	PASJA.	10 to other or	your wal B	ran	1360	1486
ther	1		cause 10%, stoting the underlying couse lost	DUE TO, OR AS A CON			May 185			
or o	1			101	6 Ca					
to bur		z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTIN	IG TO DEAT	H BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CO	NDITION GIVEN	V IN PART IIa	
0 >-	\dashv	CERTIFICATION	190 DATE OF OPERATION	19h CONDITION FOR A	WHICH ORE	RATION WAS PERFORMED	200 AUTOPSY?	Table IF VEC 1	WERE FINDING	CCUCEO
ws or	2	IFIC,	MONG	1 1/4		arct		IN CERTIFY	NG CAUSES	OF DEATH?
Sho	=	ERT	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	V G C		URRED (ENTER NATURE OF IN.	YES		NO 🗌
A 18	1	AL C	OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONT	H DAY	YEAR		JURY IN ITEM 18 PAR	T I OR PART 2}	
Mental or Item		MEDIC/	(IF EITHER NOTIFY MEDICAL MAN IN 21d. INJURY OCCURRED NO NO		1	19 211 LOCATION	Nona			
ed o		WE	WHILE A NOT WHILE A	21e PLACE OF INJURY	OFFICE, FARM	STREET N	A CITY OR 1	IOWN	COUNTY	STATE
nork		Н		a la sacradad de descrito	. 11.	201	6 10 Mh 2	0	26	
He			220.1 certify that (1) (this haspi sow the deceased alive on		19 86	, and that in (my) (our) apinio	, 10	7		hot (I) (we) lost
ept of	7		obove Howardid (did po	Try wew the body ofter death		DEGREE	on dealth accorded on the	dote ond noor o		
% D =			at h	110	.00 2	ATTENDING	MEDICAL ST.	AFF /	220 DATES	I OI
Store ANT: 1	H		22d. PHYSICIAN'S NAME ITYES	IR PRINT	MIN	PHYSICIAN 22e ADDRESS	☐ DIRECTOR ☐ PHYS	ICIAN D	10/2	0/86
PRT			Produce &		2-1	Me ADDRESS				
should be det with the State IMPORTANT:			PAJICICKU	SHANAHA		Union Men	orial Hospi	tal		
	2	13	JRIAL, CREMATION, REMOVAL	23b. DATE	Z3c. NAM	OF CEMETERY OR CREMATOR	CITY OR TOWN		COUNTY	STATE
-	-		rial	8/25/86	Gar	rison Forest	Owings M			aryland
60M 7/84			NERAL DIRECTOR	ADI TI LADI	PRESS. 1. 7	250.	ATERECID BY REGISTRA	R 25b. REGISTRA	R'S SIGNATU	RE
A 15, 4)	1	WIII.	C.March F/H In	c. IIUI East	North	Avenue	20,000	1		



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE O

2 2

		REGISTRAR				CEKITI	ICATE OF	ZEATH	R	EG. NO.				
		CEASED NAME	FIRST	MI	DDLE	· ·	AST		20. DATE OF DE		NTH DA	Y YEAR	26 HOU	JR
	[TYPE	OR PRINT)	Edwin	H		Gr	ay		August	16	1986	9	10	a M
	3. SEX			4. RACE		5. DATE C	F BIRTH		6 AGE (INYEARS	LAST BIRTHDA		UNDER I YEAR	IF UNDER	24 HRS
		mele	8 8	Cauce	uan	AVA		1915	7	b	YRS	NIHS DAYS	HOURS	MIN,
gard		RTHPLACE (STAT	TE OR FOREIGN	76 CITIZEN OF W	HAT COUNTRY?	8	N		9 BALTIMORE	ITY OR C	OUNTY C	F DEATH		
her		lary land	171.5	U.	S.A.	MARRIE		VORCED	Balth	more	Cit	Tu		MD.
	10. CI	TY OR TOWN OF	DEATH	11. NAME OF H	OSPITAL, NURSIN	IG HOME C			120 USUAL OCC			12b. KIND C	F BUSINE	
1		altmore		meru	FACHITY GIVE STREET	u			Assembl	y Lin	le	Airpla	ne B	ldg
ĸ,	130 S	AL RESIDENCE IN	NURSING HOME OR	OTHER INSTITUTION G	IVE RESIDENCE BEFORE		136 INSIDE C	ITY LIMITS?	13e.STREET ADD	REŞŞ / ZII	CODE		07.00	-
-		Maryland	1 ==		Baltun	one	YES V	NO 🗌	Sol	man	de 1	HUZ.	2122	5
ź.	14. FA	THER'S NAME		MIDDLE	LAST			S MAIDEN NA/		DDLE		and A	51	
	5	Harr	У	Edwin	Gray		غل	illra				Ba	con	
1	160 W	VAS DECEASED E		E WAR OR DATES	66 SOCIAL SECU		17 INFORMA			ADDRESS			561	
		Yes	WW	E WAR OR DATES)	021-09-	4657	Flor	ence E	. Gray	Sam	e as	13e	3 8	
		18 CAUSE OF D	EATH Enter on	ly one couse per li	ne for (o), (b), on	dic	,					BETWEEN	MATE INTER	RVAL
		PART I. DEA	TH WAS CAUSE IMMEDIA	E CAUSE (D)	fuite Ros	pivato	ry (nsu	tticon	Cy			12	hrs	
				DUE TO OR	AS A CONSEQUE	FNCE OF	-	,						
		Conditions, if	ony, which	((b) Se	were Pu	Imona	vy Em	dry sem	e with he	1POX K	2			
		gove rise to	immediate	10,	AS A CONSTOUR	ENICE OF		1						
			ouse lost.		as a conseoui	ENCEOF								
		PART 2 OTHER	SIGNIFICANT (ONDITIONS COI	NTRIBUTING TO I	DEATH BUT	NOT RELATED	TO THE TERM	NINAL DISEASE OF	CONDITI	ON GIVE	V IN PART 1	0	
	S O		chroi			10.1	mie							
7	CERTIFICATION	190 DATE OF OF	PERATION		ION FOR WHICH		_	RMED	200 AUTOPSY			WERE FINDI		
-	필								YES TO NO	N IN	I CERTIFY! YES	ING CAUSES	OF DEAT	
	ER I	210. ACCIDENT WA	S UNDERLYING	7 16 TIME OF	INJURY		21c HOW IN	JURY OCCURE	RED (ENTER NATURE	-da-				
4		OR CONTRIBUTING		in	. MONTH D									
	MEDICAL	21d INJURY OC	CURRED	P.M.		19	211 LOCATIO	ON		-				
	ME	WHILE N	OT WHILE		T. FACTORY OFFICE F	ARM ETC)	STREE		CIT	Y OR TOWN		COUNTY	S	STATE
	193		AT WORK			91	ie	Ol.	1	8/16		86		
			ceased alive on	tol) oftended the		Sdo	al that in (mu)	(nur) apining	death accurred an				that (I) (v	
		obove, (I) (v	we) (did) (did no	ti view the body o	tter death			(our) opinion (deom occurred on	THE GOTE C	ma nour c		-	ored
		226 SIGNATURE	1 1	C) X	0	1/	DEGREE	ATTENDING	MEDICAL	SDAFF		22c DA	ITOL	
		1/ ()	am	4	h	Y	111	PHYSICIAN [DIRECTOR	HYSICIAN		10/1	0190	
		22d. PHYSICIAN	SNAME TYPE O	/.			22e ADDRES	. 0 0	51 0	210	1,	Mrs	all !	NHOR
		1/1/	HACC	24576	N		102	t Vard	The Man	V+ 1	W	114-11	4	IN

236 NAME OF CEMETERY OR CREMATORY

Baltimore National Cen

DHMH - 16 60M 7/B4 (VRA 15, 4)

should be detached far use as the burial-transit permit. Then p with the State Dept- of Health and Mental Hygiene prior ta bur

TO FUNERAL DIRECTOR:

marked or Item 18 shaws any

MPORTANT: If Item 21 is

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

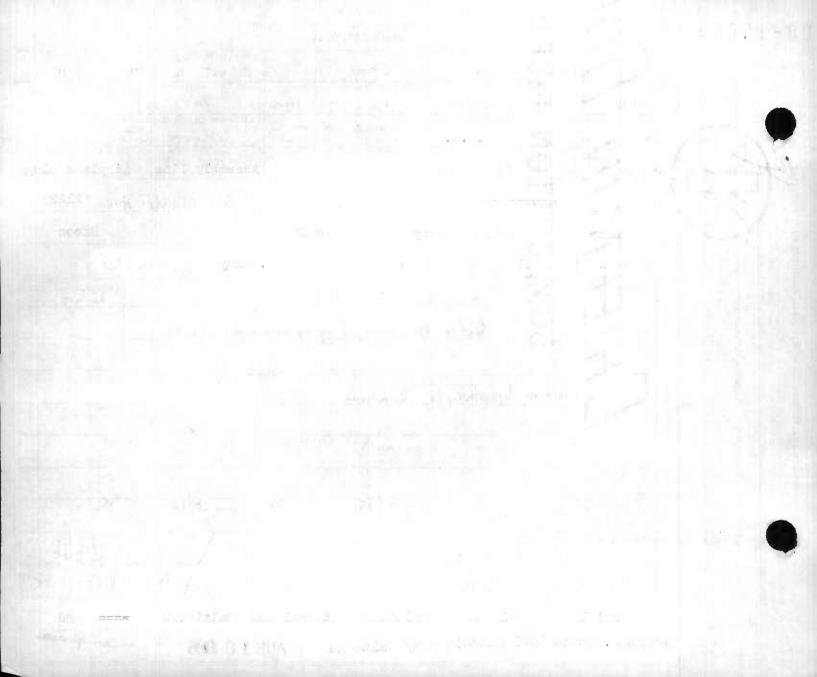
Georga: J. Gonce 4001 Ritchie Hgwy Balto Md

23b DATE 8/19/86

23d LOCATION Baltimore

AUG 18 1886

Md STATE



- STATE	FOR	
- DIMIL	 STATE	

in by the funeral director, page 3 se filed within 72 hours offer death

s ony injury, or other traumotic event, the

IMPORTANT: If Item 21 is morked or Item 18 shows

TO FUNERAL DIRECTOR: After this centificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove carbon-paper with the State Dept of Health and Mental Hygiene prior to burial, cremation, or remaval

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 6

17	2	12	ha	0
Con	La	13	6	1

3	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO		
)	1. DECEASED NAME FIRST	MIDDLE	l.	AST		AONTH DAY YEAR	26 HOUR
	(TYPE OR PRINT)	Frank	C	rau	Quoust	17,1984	8 3 M
	3. SEX	4. RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTH	MONTHS DA	
	/// ale	1 1acl	k Dec		64 6	3 YRS.	IS HOURS MIN.
500	70. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT C	OUNTRY? B MARRIE	NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH	
	Maryland	USA	WIDOWE	**	Baltimore	City	MD.
0	10 CITY OR TOWN OF DEATH Baltimore	11. NAME OF HOSPITA	GIVE STREET ADDRESS)	ical Center	120 USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF Labor		D OF BUSINESS OR RY
4		OTHER INSTITUTION GIVE RESIL		icar ochicer			
5			nce Fred.	YES NO	P.O. Box 10	ZIP CODE 112	20678
1	14 FATHER'S NAME FIRST Ruben	MIDDLE	LAST Grav	15. MOTHER'S MAIDEN NAME FIRST Nettie	WE	Gı	LAST
Ĭ	160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SO	CIAL SECURITY NO.	17. INFORMANT	ADDRES		000
1	(YES, NO OR UNKNOWN) (IF YES G	SIVE WAR OR DATES! 218	-16-3352	Charlotte Gr	ay P.O. Box	1012	
	PART I. DEATH "Enter of PART I. DEATH WAS CAUS IMMEDIA" Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	DUE TO, OR AS A C	consequence of tustate	largaged	Carzinoma	SETWE	ROXIMATE INTERVAL EN ONSET AND DEATH
1	PART 2 OTHER SIGNIFICANT		UTING TO DEATH BUT	2)	200 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAUS	IDINGS USED
7				21c. HOW INJURY OCCURI		IN ITEM 18 PART 1 OR PART	2)
/	OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJU		211. LOCATION STREET	CITY OR TOW	VN COUNTY	STATE
	22a L certify that (I) this has sow the deceased alive a above (Luwe) (did) (did r 22b. SIGNATURE	no According to the body ofter de	7 19 86 or	d that in (my (our) pinion DEGREE ATTENDING PHYSICIAN [27e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICI	221. DA	ATE SIGNED
	230. BURIAL, CREMATION, REMOVA			EMETERY OR CREMATORY	23d. LOCATION		Md 21230
	Burial	Aug. 22, 198	36 Mt. Oli	ve Chr. Cem.	Prince Fre		
	24 FUNERAL DIRECTOR	11 2 21 -	ADDRESS	250 DAT	E REC'D. BY REGISTRAR 2	Sh REGISTRAR'S SIGN	pandette
-	Spencer E. Sewel	II Box 31 Pr	ince Fred.	MD20678 AUG	XO 1880 3	NO Printers .	

DHMH - 16 60M 7/84 (VRA 15, 4)

Chief ser and war east train and train 1 Apr 0 2 apr 1 2 april 1

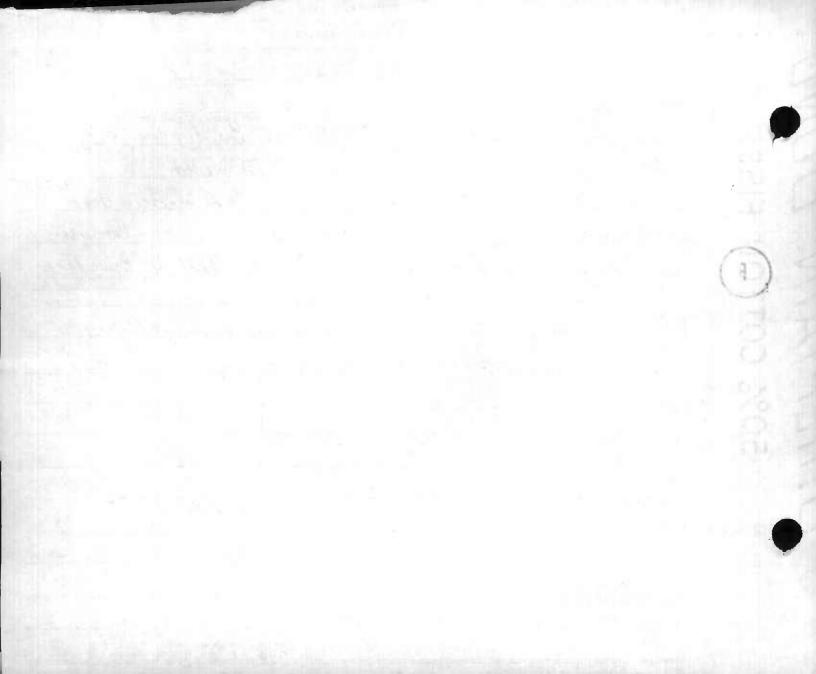
the start of the start of Hiller of the Part of the state A STATE OF THE PARTY OF THE PAR

n	-11	685	1.	STATE			DEPAK	IM
, 0	1 7	0 0 0		CEASED NAME	FIRST	-	AIDDLE	_
	þe	death death	(IAAF	OR PRINT)	Joh	11	H.	
	жаў	er deat	3. SE	X		4 RACE		\Box
	44	200	-	MALE		21.4	oc. K	
1	Poge -	SEL	7a. BI	RTHPLACE	R FOREIGN	76 CITIZEN OF	WHAT COUNTRY	(?
	deoth	by the functor filed within 772		COUNTRY) S. C	/	US	A	
	i i	with he	10 C	OR TOWN OF D	EATH		HOSPITAL, NURS	
6	hours after	should be filed within et must be followed by the filed within et must be followed by the foll	7.	Daltimo	re	362	1/W.	6
212	9	See See	USU.	AL RESIDENCE IN NO	ISING HOME OR		GIVE RESIDENCE BEFO	DRE A
N	24	and		Hd	100 000		Pa It	m
717	thin a	s? sh	14. FA	ATHER'S NAME		MIDDLE	N	
MAR	· p		1	James	, ,	WIDDLE	Gray	50
RE,		7 7				MED FORCES?	166 SOCIAL SEC	CUR
WO	6		1	YES, NO OR UNKNOWN)	(IF YES, GIVE	E WAR OR DATES)	248-16	, -
ALTI	6	100		18 CAUSE OF DEA	TH (Enter on	v one couse per	line for (a), (b) a	and
., 8	-	1		PART I. DEATH	WAS CAUSED	D BY	PROID	
S	8	corba corba or re	m		IMMEDIAL			
STO	death	ve cr on,		Conditions, if an	y which	(b) S	SOUR M	
PRE	p q	moti r tra		gove rise to in	mmediote		Ď.	
3	ţ0	ed by the offensishess remave curb rial, cremotion, or or other traumate.	Į, Ų	underlying cou		1	RAS A CONSEQ	
201	sa ÷	pleo priol		PART 2 OTHER SIG	GNIEIC ANT C			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	requires that the	certificate has been signed by the ottending prof-transit permit. Then please remove curba ental Hygiene prior to burial, cremotion, arrisen 18 shows ony injury, or other traumethe.	Z			<u> </u>	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
S	low re	prior prior	CERTIFICATION	190 DATE OF OPER	ATION	196 CONDI	TION FOR WHIC	HC
LRE	The la	per	IFIC					
TI A	IG PHYSICIAN. The	ansit per Hygiene 8 shows	ER	210 ACCIDENT WAS U	INDERLYING	216 TIME O	FINJURY	-
OF.	Phy	proditional transfer of the second se		OR CONTRIBUTING				DAY
Z		Mer	MEDICAL	214 INJURY OCCU		21e PLACE		_
/ISI	te b	After this e os the bualth and M	ME		WHILE	(AT HOME STR	EET FACTORY OFFICE	E FAF
ā	2 2	R. After this use os the butealth ond Miss marked or			VORK	ol) attended the	decessed from	
а	TEN TO THE	DIRECTOR. oched for use Dept. of Hec If Hem 21 is r		270 certify that (I) (this hospital) attended the deceased from				
	& ATTEN hospital	Pet of the bear of		22b. SJGNATURE	(did) (did not	ti view the body	olter death	_
		e De		Magna	1/1	1-11	8	
	PITA	FUNERAL old be determined the State		22d. PHYSICIAN'S	NAME (TYPE OF	R PRINT)		-
				Mast	Amer	PA	1-15KH	M
	0 0	oh show	230 5	BURIAL, CREMATION		23b. DATE		N
		1.0	2 Ju 6	SPECIEVE A	, KEMOVAL	230. DATE	230	. 147

BP.

(VRA 15, 4)

STATE OF MARYLAND ENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 20. DATE OF DEATH 2b HOUR 86 DATE OF BUTH AGE LIN YEARS LAST BIRTHDAY IF UNDER I YEAR IF UNDER 24 HRS MONTH BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED MARRIED X timore DIVORCED WIDOWED HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR SF OF WIDEKING LIFE) INDUSTRY 13d INSIDE CITY LIMITS? Belvedere YES X NO ore 15. MOTHER'S MAIDEN NAME MIDDLE 0/1 ITYNO ADDRESS BETWEEN ONSET NCE OF Chacinona ATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 6 20b. IF YES, WERE FINDINGS USED PERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF NO T 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) YEAR 19 211 LOCATION CITY OR LOWN COUNTY STATE M ETC) that (I) (we) last and that in (my) (aur) apinion death occur we are the date and haur and from the couses stated DEGREE ATTENDING MEDICAL STAFF PHYSICIAN 22e ADDRESS Im AME OF CEMETERY OR CREMATORY 23d LOCATION Md Gårrison Forest Vet Mills Burial 8/9/86 Owings 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 March Funeral Home West 4300 Wabash Avenue



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

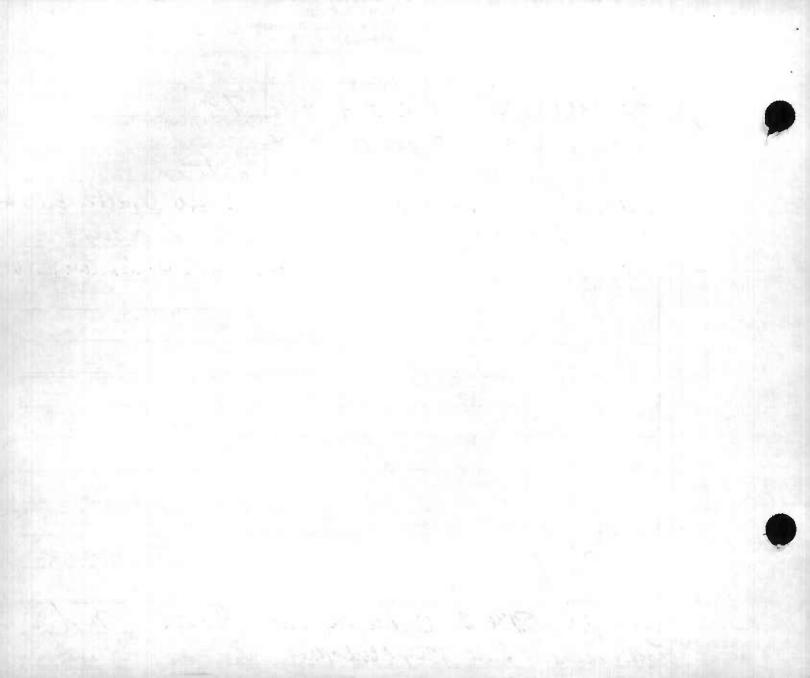
.22372

16692	1.	FOR STATE REGISTRAR		HEALTH AND MENTAL HYG FICATE OF DEATH	JENE O REG. NO	2 2 3 7	2
10002		CEASED NAME PRIT	MODIE	LAST	20 DATE OF DEATH	MONTH DAY YEAR	26 HOUR
100		ELSIE	GREZ	VFS_	ATICHEM 26	, 1986	3:35 am
is other	1.58	"Temale"	Black of S. DATE	F GAY 19°06	AUCUST 26 6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR MONTHS DAY	
15	13	7/a.	CITIZEN OF WHAT COUNTRY? 8 MARRIE WIDOW	D NEVER MARRIED D	Baltimore City o		MD.
248	1		NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	120 USUAL OCCUPATION 120 KIND OF BUSINESS OR (TYPEOWORK FOR MOST OF WORKING LIFE) INDUSTRY			
1200		ALRESIDENCE OF MURRING HOME OF OTH	Maryland General Hos MER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS	рітаі	pence		217
30	1	Didi III COUNTY	31. CIT) OR TOWN	13d. INSIDE CITY LIMITS? YES NO [13e STREET ADDRESS	Wen a	e. Balte
300	10	John Ho	ldsy"	15. MOTHER'S MAIDEN NAM	Ida MIOOLE	Dorses	JASI
1	12	MAS DECEASED EVER IN US ARME		Bertha Hel	(912	Harland	aus Ball
Then please remarket carbo to burial, cremation, or m mury, or other traumatic o	CAL CERTIFICATION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF (b) Acute Renal Fa DUE TO, OR AS A CONSEQUENCE OF (c) Electrolyte In NDITIONS CONTRIBUTING TO DEATH BUT	ilure - Uremia balance		DITION GIVEN IN PART	lio
17		1% DATE OF OPERATION	200 AUTOPSY?	20b. IF YES, WERE FINE IN CERTIFYING CAUS YES T	DINGS USED SES OF DEATH?		
of trong of trong of 18 yp		718. ACCEPANT WAS UNDERLYING OF DEATH OF CONTEMUTING CONTROL DEATH OF TITLES SIGNEY MEDICALEXAMORE.	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART : OR PART 2	1)
rked or	MEDICAL	214. INJURY OCCURRED	71e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TO	AN COUNTA	STATE
be denoted to use of State Dept. of Health	0	sow the deceased olive an above, (Kilwe) (did) (KiKKil v		DEGREE ATTENDING PHYSICIAN 27e. ADDRESS	, to <u>August</u> death occurred on the do MEDICAL STAF DIRECTOR PHYSICI	te and hour and from the	the couses stoted TE SIGNED
thought with the	230	Lih-Jiau	Chen, N.D.	C/O Maryla	nd General	Hospital	Jan -
	24. F	UNERAL DIRECTOR	and a cur	250 DATI	REC'D. BY REGISTRAR	ISB REGISTRAR'S SIGNA	ATURE

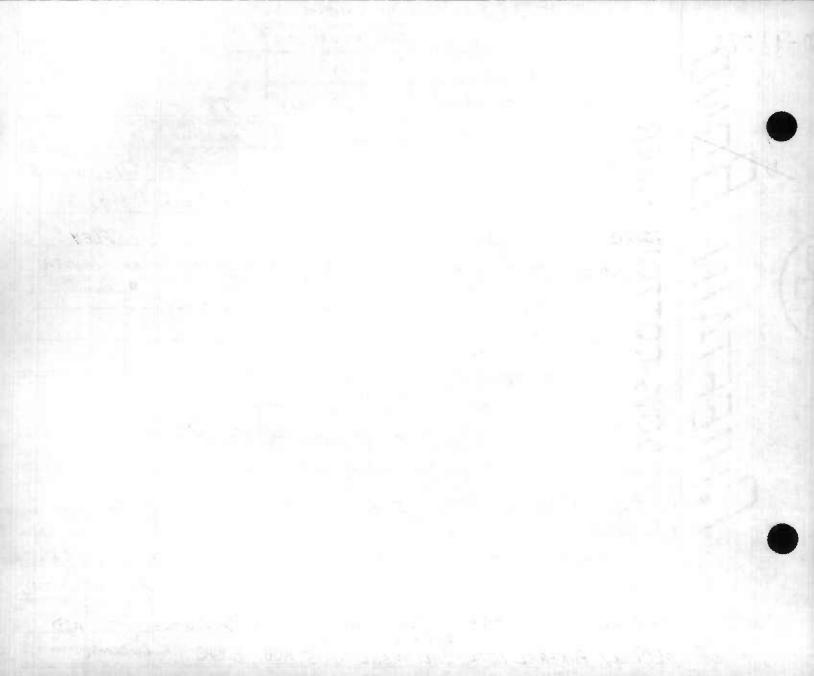
Juneal Sine 1304 & Entirellas

DHMH - 16 60M 7/84 (VRA 15, 4)

FUNERAL DIRECTOR



	1				E OF MARYLAND			el «A
1374	1.	FOR STATE REGISTRAR			HEALTH AND MENTAL HYGI FICATE OF DEATH	REG. NO	201	3
1011		CEASED NAME FIRST	MIDDLE		LAST		MONTH DAY YEAR	R 2b HOUR
poge 3	[TYP]	EDWAK		61	REEN		8 04 86	4.31
ector, po	3. SE	MALE	4 RACE CAWCASI			6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER LYE	
	7a B	RTHPLACE (STATE OR FOREIGN	16 CITIZEN OF WHAT CO	MARRIE WIDOW	ED NEVER MARRIED	9 BALTIMORE CITY O	RE CITY	
43		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL (IF NOT IN SUCHEACILITY, C SOUTH BALT!	, NURSING HOME	OR OTHER INSTITUTION NERAL HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOSTO	F WORKING LIFE) INDUSTI	D OF BUSINESS RY UMBIN
24 he led he led by mussike	⊎SÜ 13a. :	AL RESIDENCE (IF NURSING HOME OF TATE 13h. COU	NTY 13c CITY			13e STREET ADDRESS /	ZIP CODE	25
皇 (学動) 章	14 F	THER'S NAME	White Spice	11101-6	15. MOTHER'S MAIDEN NAM	- /	0100	~ _
D P		TSAAC	MIDDLE	REEN	ANNA	MIDDLE	E	LAST
et o	160	VAS DECEASED EVER IN U.S. AI	RMED FORCES? 166 SOC	IAL SECURITY NO.	17 INFORMANT	ADDRE		24
n ond Poge			NIC 11110 CO C 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	97787	CHART - SOL	ITH BALTO.	GENERAL I	HOSPITAL
sicro ol.		18 CAUSE OF DEATH Enter o	nly one couse per line for ig	i, (b), and ic			APPE	ROXIMATE INTERVAL
phy nov ent		PARTI DEATH WAS CALISI	FD RY		besitasa Par Pra	2. C. bai. 1	e. to	
ert er ert		IMMEDIA	TE CAUSE (a) Dissem	inuled in	travaseular Com	www A	10/6	
the contraction of			DUE TO, OR AS A CO	ONSEQUENCE OF	ruburtar necros	71		
deo deo deo deo deo deo deo de deo de		Conditions, if any, which	(ib) Sep					
to off		gave rise to immediate	101	3/1				
there her		couse (a), stating the underlying couse last	DUE TO, OR AS A CO	ONSEQUENCE OF			HV-SO DIS	
that by sase ol, cr		onderlying coose lost	(c)					
urres signe nen pli o burin ury, o	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUT	ING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CON	DITION GIVEN IN PART	110
red orto	TION							
30 0000	CERTIFICAT	190 DATE OF OPERATION	196 CONDITION FOR	R WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAUS	
hos hos	트	LEATHER DESCRIPTION OF THE				YES TO NOT	YES T	NO T
Sho sho	=	210 ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21c. HOW INJURY OCCURRE			
AN HOO		OR CONTRIBUTING CAUSE OF DE		TH DAY YEAR	THE WASHINGTON	TENIER MATURE OF INJUR	TIN HEM IS PART I OR PART	21
O D D D D D D D D D D D D D D D D D D D	1	(IF EITHER NOTIFY MEDICAL EXAMINE		19				
din din	MEDICAL	21d INJURY OCCURRED	21. PLACE OF INJUR	Y	211. LOCATION			
ten the	NA NA	WHILE NOT WHILE	(AT HOME STREET FACTOR	Y OFFICE FARM ETC)	STREET	CITY OR TO	wn COUNTY	STAT
the of the ork	1	AT WORK AT WORK						
B Se A		22a I certify that (I) (this hasp	ital) attended the decease	ed from 8/	2 19 86	to 8/4	1986	, that (1) (we
THE ON THE		saw the deceased alive or	8/4	1986 0	nd that in (my) (our) opinion d	eath occurred on the do	ite and have and from t	the causes state
RECT RECT red for pt. o	4.2		of view the body after deat	th				
Che h		226 SIGNATURE	1/2		DEGREE			ATE SIGNED
the the tree to		70.70	CHU		1 D. ATTENDING	MEDICAL STAF	FANTEN ()	14/86
Stod Stod	1	224 PHYSICIAN'S NAME (TYPE	OR PRINT!		22e ADDRESS	DIRECTOR FITTSIC	AIT	1/00
HOSPIT, bined by FUNER, build be d th the Sto	100					interes		
		BABSIM B	ADRO		SOUTH BALL	IHURE GEN	IERIAL H	16SPITI
of of of which of the o	220	URIAL, CREMATION, REMOVAL	L 23b DATE	123, NAME OF	CEMETERY OR CREMATORY	23d LOCATION		
	-	APEC (FY)		131 NAME OF		CITY OR TOWN	COUNTY	STAT
BP	1	BURIAL	8-6-86	OALT 11	MORE CEMETER	RY BALTIMU	DRE -	MD
		INERAL DIRECTOR	7	37 F. M.			256 REGISTRAR'S SIGN	
DHMH - 16 60M 7/B4	1	NAME		ADDRESS	1120		Julia Davidson	
(VRA 15, 4)	N	CULLY FUNA	RAL HOME !	SALTIMOI	2E 21225 AUG	5 1986	munitary and	



poge r 3 SEX 4. RACE 5. DATE OF BIRTH MONTH YEAR LACK 01-05-16 (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED S. Carolina U.S.A. DIVORCED WIDOWED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION Baltimore John Deaton Nursing Home SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION. 13a. STATE 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Baltimore Maryland YES Y NO [15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME FIRST MIDDLE Nannie Leonard Green 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (YES, NO OR UNKNOWN) HE YES, GIVE WAR OR DATES) WWII 218-05-4304 Hattie A. Green 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY ardicoulman IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF lemin Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 2 a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OF TOWN STREET ed AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE AT WORK 22a I certify that (I) (this hospital) attended the deceased from 10 sow the deceosed olive on the body ofter death. DEGREE ATTENDING MEDICAL ld be deta the State 00 MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS S. Greene St. Baltimore Md 2,220 Kaymond 120

23b. DATE

FOR - STATE

REGISTRAR

FIRST

DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** REG. NO. 20 DATE OF DEATH MONTH MIDDLE 2b. HOUR 50 orcen AM (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS DAYS HQURS BALTIMORE CITY OR COUNTY OF DEATH Baltimore City 126 KIND OF BUSINESS OR 12ª USUAL OCCUPATION INDUSTRY (TYPE OF WORK FOR MOST OF WORKING LIFE) Public School School Teacher 1045 Reverdy Rd. Baltimore., Md. 21212 MIDDLE Long 1045 Reverdy Road Baltimore, Maryland 21212 APPROXIMATE INTERVAL 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO IT 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART'S

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22¢ DATE SIGNED

110/86 PHYSICIAN | DIRECTOR | PHYSICIAN

23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION

COUNTY

COUNTY

STAIR

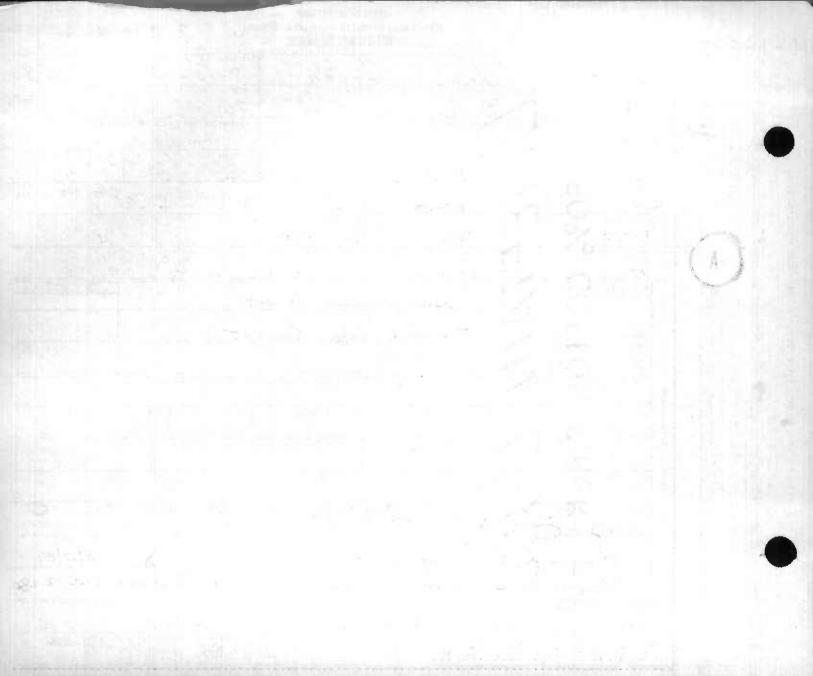
8-15-86 Garrison Forest Vet. Cemetery Nuture Adoles Gas Funeral Home, INc. 2501 Gwynns Falls Pkwy. Baltimore, Md. 21216

Md. Baltimore 250. DATE REC.D. BY REGISTRABITS, REGISTRAR'S SIGNATURE OF

DHMH - 16 60M 7/84 (VRA 15, 4)

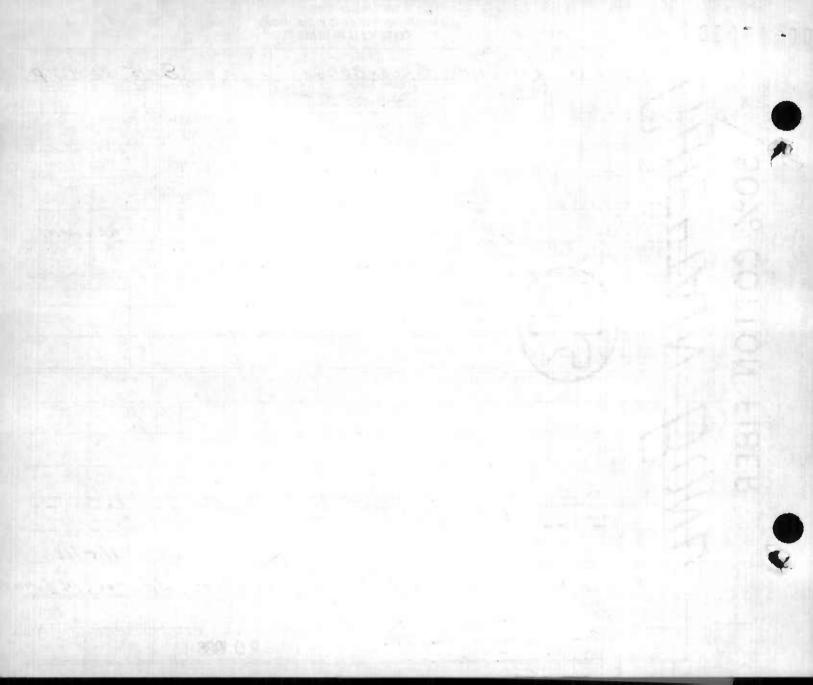
230 BURIAL, CREMATION, REMOVAL

Burial

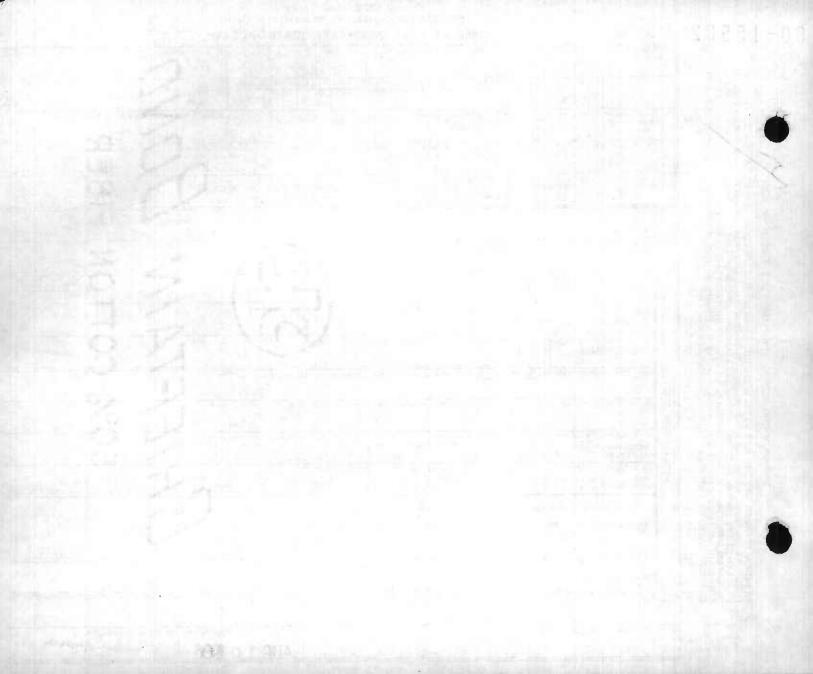


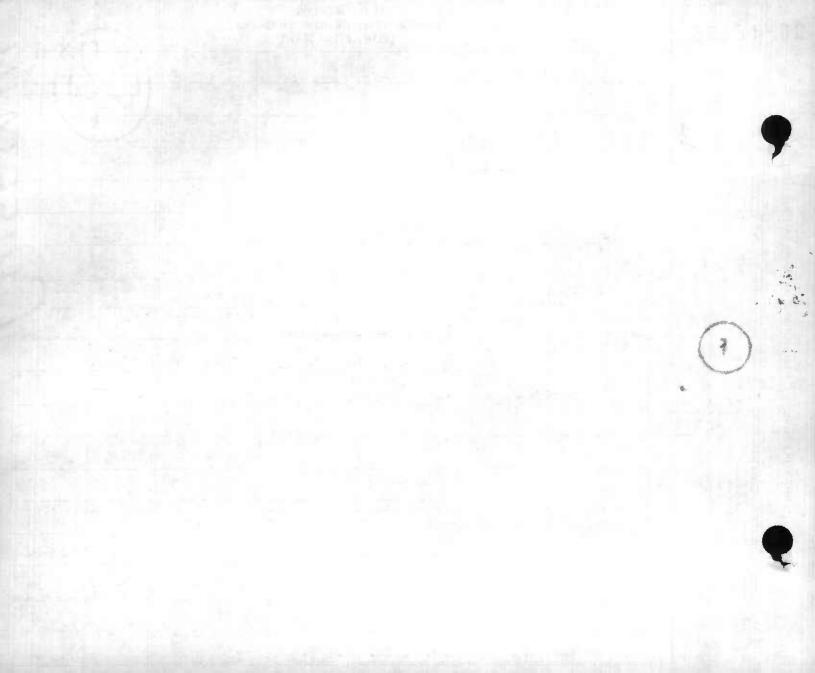
	1		STATE OF MARYLAND		3 3
-15578	1.	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYE CERTIFICATE OF DEATH	REG. NO.	5 / 5
2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		CEASED NAME FRST	lieth 5, Green	20 DATE OF DEATH MONTH DA	86 7a
ge 4 may estor, po	3. SE	Temple	Black S DATE OF BIRTH MONTH 28 18		FUNDER 1 YEAR FUNDER 24 HRS ONTHS DAYS HOURS MIN
dedit Po	4	navy/pnd	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY OF	Y M
11/2		BALTEMORE	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	12e USUAL OCCUPATION TYPE OF WORK FOR MUST OF WORKING LIFE	Education
n 24 hours	13a :	STATE MSD 136 COUN		130. STREET ADDRESS HOLZ KATHLAN	10 Are 2120,
100		KAymond	Spowden Is MOTHER'S MAIDEN NAM FIRST LABOUR K	A MIDDLE BRU	mage
be execu	16a \	VAS DECEASED EVER IN U.S. ARA YES, NO ORUNKNOWN) (IF YES, GIVE	MAR OR DAIES) 166 SOCIAL SECURITY NO 17 INFORMANT Mr. 54/ves to	r GREEN 4012	KAThlandh
ures that the death settifics regard by the attending phy employe remove carbonga obusing, or remainty, or other troumatic eventury, or other	z	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	y and cause per line far (a), (b), and (c), BY, CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	IINAL DISEASE OR CONDITION GIVE	APPROXUATE INTERVAL BETWEEN ONSET AND DEATH G M 0 N IN PART 1(01
he fave red	CERTIFICATION	198 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH?
SCIAN 11 9 physics outflicate outflicate outflicate outflicate outflicate outflicate outflicate outflicate outflicate		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT [IF EITHER, NOTIFY MEDICAL EXAMINER]		RED (ENTER NATURE OF INJURY IN ITEM 18, PA	
offending the house of the bord was the bord	MEDICAL	216 INJURY OCCURRED	216 PLACE OF INJURY 1AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211 LOCATION STREET	CITYORTOWN	COUNTY STATE
s hoppide e botter (108, a ched for use Dept. of Heal		220 I certify that (I) (this hospit- saw the deceased glive an above, (I) (we) (did)(did not 22b. SIGNATURE	yiew the Body after death. DEGREE	death accurred an the date and haur	9, that (I) (we) la and from the causes stated
HOSPITAL bined by the FLIMERAL sold be detu-		22 d. PHYSICIAN'S NAME LIVE OR	PRINTIPE CORES SIN	MEDICAL STAFF DIRECTOR PHYSICIAN (4)	1 8112/86 2/4MORE
0 ₹ 2 ₹ î 3F	23a. (BURIAL, CREMATION, REMOVAL	236. Date S/16/86 md mat Cen	23d. LOCAHON CITY OFFOWN CITY	COUNTY STATE
DHMH-16 20M (VRA 15, 4) 7/78	24. F	INERAL DIRECTOR	22 22 M Your al AUI	E REC'D. BY REGISTRAR 256. REGISTR G 1 8 1986 guha Dav	AR'S SIGNATURE



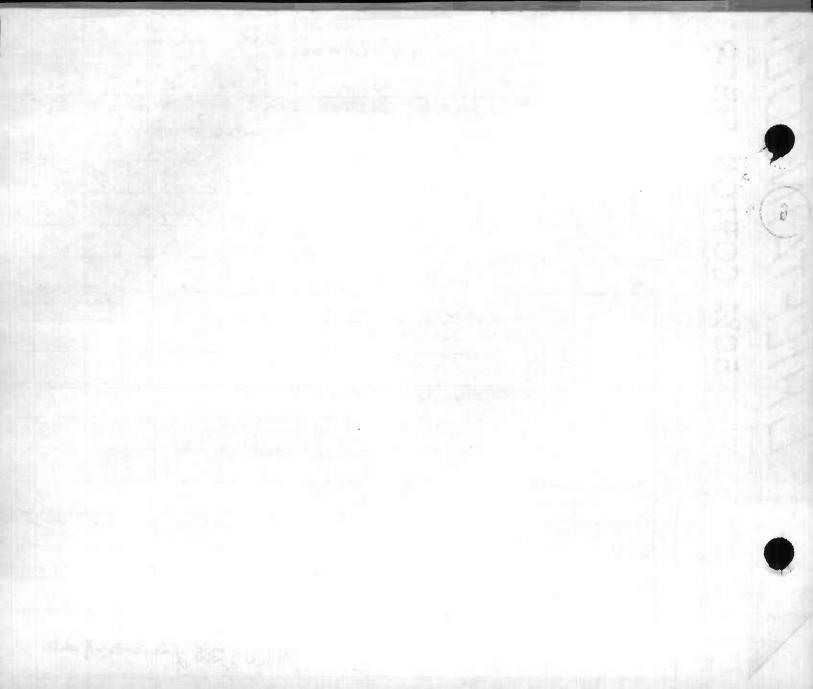


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 00-15582 REGISTRAR 1 DECEASED NAME 20 DATE KNOWN X MONTH 2b. HOUR (TYPE OR PRINT) ESTI-DEATH MATED Robert John 18 1986 Gregory 4. RACE 5. DATE OF BIRTH SEX AGE (IN YEARS DATE 2d HOUR LAST BIRTHDAY PRONOUNCED 4:54A Male 12 62 B1 ack 25 23 DEAD 18 1986 TO BIRTHPLACE (STATE OR 16. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA ۷a. WIDOWED X Baltimore City, DIVORCED I CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Laborer Beth Steel Baltimore Sinai Hospital SUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13a STATE Balto. 134 INSIDE CITY LIMITS? 13e STREET ADDRESS Md. 4123 W. Rogers Ave. YES X NO T 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE Bernard Gregory Dora White 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT ADDRESS 223-22-6187 No Robin Gregory 4123 W. Rogers Ave CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PARTIDEATH WAS CAUSED BY MIMMEDIATE CAUSE (a) Thoraco-abdominal injury DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IS CERTIFICATION E FORWARDED TO THE CHIEF MI TOR: PAGE 3 SHOULD BE USED A 1 THE STATE DEPARTMENT OF HEA LAND, 21201 PRIOR TO BURIAL, CI 19a, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 2 Ia EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING 18 19 86 8 Pedestrian struck by auto CONTRIBUTING CAUSE OF DEATH 2 PAX 214 INJURY OCCURRED 2Te PLACE OF INJURY (AT HOME 211 LOCATION TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 33 AFTER DEATH, WITH THE STATE DEI BALTIMORE, MARYLAND, 21201 PR WHILE NOT WHILE 5400 blk. Reisterstown Rd, Balto. City, MD.MD parking lot 220 I certify that I took charge of the remains described above, held an Inspection Accident X Hamicide Undetermined manner death resulted fram: Natural causes TITLE (SPECIFY) DATE 8/18/86 Assistant SIGNATURE EXAMINER'S NAME William M. Zane, M.D. ADDRESS 111 Penn St. Balto.MD. (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATORY Burial 8/22/86 King Mem. Pk. Randallstown, 07/84 24 FUNERAL DIRECTOR 25h REGISTRAR'S SIGNATURE **DHMH - 17** 4300 Wabash Ave. Wm C March F/H West (VR A15 ME (5))

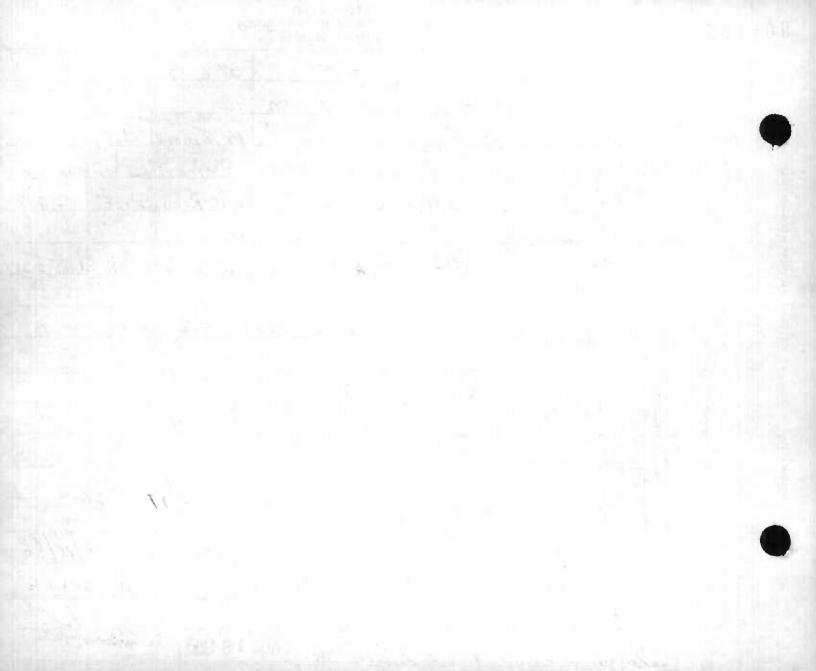


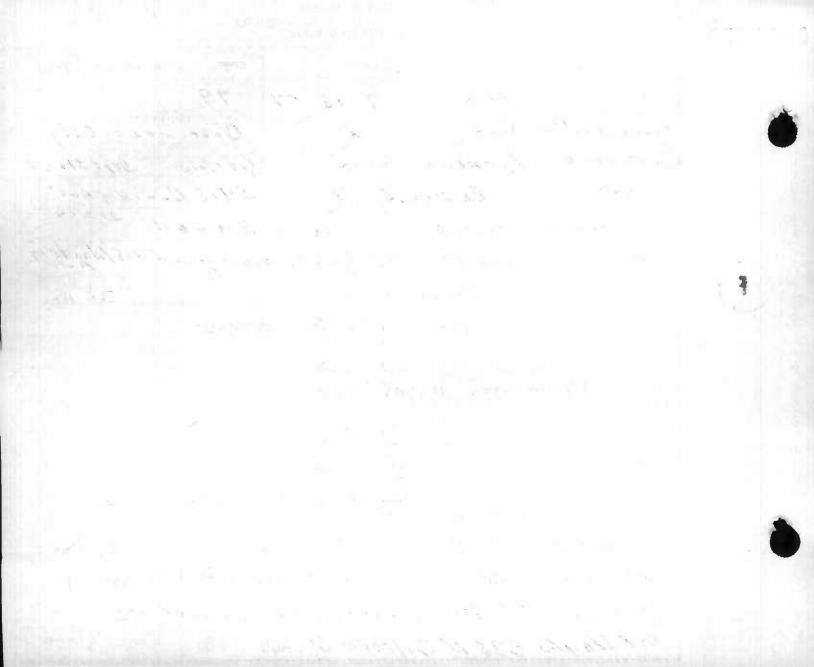


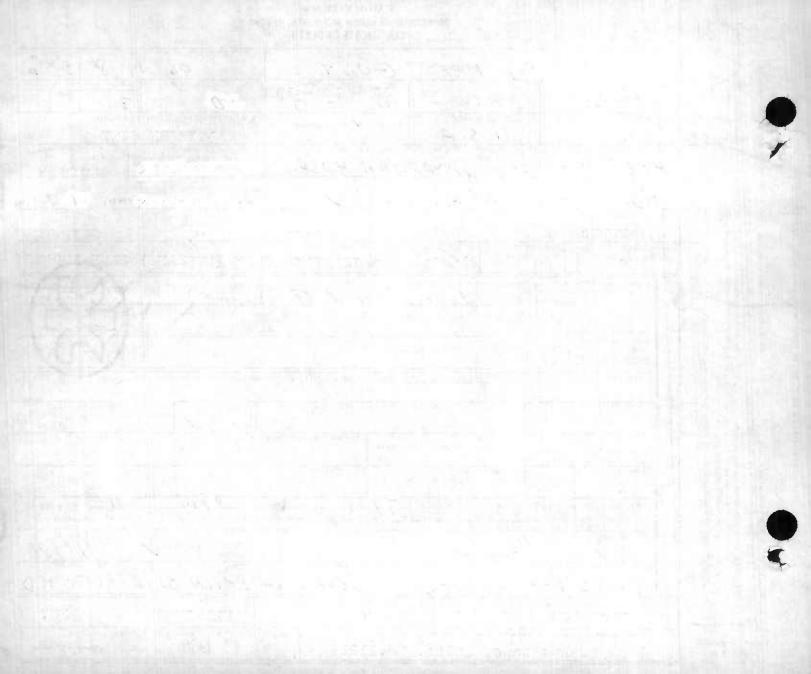
0-15007	1.	FOR STATE REGISTRAR	DEPART	STATE OF MARY MENT OF HEALTH AND CERTIFICATE OF	MENTAL HYGI	ENE Ó 2 REG. NO.	231	9
e m£		CEASED NAME FIRST	MIDDLE	Grimm		2a DATE OF DEATH MOR		26 HOUR
oy be						6 AGE (IN YEARS LAST BIRTHDA		70.4 · M
ge 4 mo	3. SE	M	4. RACE white	5. DATE OF BIRTH	YEAR	71	YRS DAY	
neral din		RTHPLACE (STATE OR FOREIGN COUNTRY)	The CITIZEN OF WHAT COUNTRY	MARRIED LI NEVE	R MARRIED	Baltimore City or C	OUNTY OF DEATH	/y MD.
by the for	10 C	or Town OF DEATH	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE SONTL BOLT.		Hoipit-1	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	ORKING LIFE) INDUSTR	OF BUSINESS OR Swepaper - Ard.
filled in ould be to	13a.	AL RESIDENCE (IF NU DE MI OR STATE UN	OTHER INSTITUTION, GIVE RESIDENCE BEFOR		CITY LIMITS?	13e STREET ADDRESS / ZI	P CODE R	lord zizzz
mpletely) IA. F.	THER'S NAME FIRST George	MIDDLE G		R'S MAIDEN NAM	MIDDLE		Griffin
MORE, on ond co		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV		2760 CA	MANT & MI	Albert A Bay Rd.,		h Bch.,De
RDS, 201 W. PRESTON ST. requires that the death certifications signed by the ottending p. Then please remove carbons rio burral, cremation, or reminjury, or other traumatic even	10N	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last.		UENCE OF DEATH BUT NOT RELAT				
he law an. hos bee to period on any any any any any any any any any an	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PER	FORMED	200 AUTOPSY?	OL IF YES, WERE FINI N CERTIFYING CAUS YES []	DINGS USED SES OF DEATH? NO []
NG PHYSICIAN: The law requirantending physician. The this certificate has been signed set the and Mental Hygiene prior to be orked on them. I shows any injury orked on them. I shows any injury orked on them.	MEDICAL CER	71a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH I	DAY YEAR		ED (ENTER NATURE OF INJURY IN	HITEM 18 PART I ORPART 2	2)
MVISION offendi frer this the but M h and M	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE	Maria Company	REET	CITY OR TOWN	COUNTY	STATE
R ATTENDIFICATION Asspiration or RECTOR. A med for user of Healt ferm 21 is made		sow the deceased alive on obove, Hillwelldid (did no	ottended the deceased from	, and that in the	ny) (our) opinion d	eath occurred on the date		_, that (the we) last the couses stated
the Door		276. SIGNATURE Robert	J Men	DEGREE MID	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAL		- Y- F 6
O HOSPITAL etoined by th TO FUNERAL should be deter		Robert	Mosc	30.	0, 50	wth Hon	2 1400	fizef
<u> </u>		BURIAL, CREMATION, REMOVAL (SPECIFY) REMOVAL	23b DATE 23c	NAME OF CEMETERY C	OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE
BP	24 F	UNERAL DIRECTOR	0 4 00		25g DANE	REC'DABARGOE RA	lin Baudson	Mande 12
DHMH - 16 60M 7/84 (VRA 15, 4)		Anatomy	Board	Balto.,	Md. AUG	08 1300		



				STATE OF MARYLAND	umbs as	0 0 7	0 0
15593	1-	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENT CERTIFICATE OF DEAT		REG. NO.	0 0
	1. DE	CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF D		YEAR 26 HOUR
£ 3	(TYPE	OR PRINT) Ethel		Grocs	8/16	186	м
	I. SE	×	4 RACE	S. DATE OF BIRTH	6 AGE (IN YEAR	RS LAST BIRTHDAY) IF UI	THE DAYS HOURS MIN.
3500		te male	BIK		90 96	YRS	INST DATS I HOURS MIN.
4 . A		RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARR	9 BALTIMOR	E CITY OR COUNTY OF	DEATH
10 4		M.J.	USA	WIDOWED DIVORC	CED Balli	more Cit	ty MD.
11 CVA	10 C	TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STIBEE	NG HOME OR OTHER INSTITUT	TYPE OF WORK F		126 KIND OF BUSINESS OR INDUSTRY
AL NO	1	allimore	Craw ford	Nursing HO	me Joi	meslic	Cleaning
(影響与		STATE 13b COUN		WN 13d INSIDE CITY LI		11 11	
4	14 5	ATHER'S NAME	Ballim	YES NO		Robb Street	el 21218
200	IN. FA		MIDDLE	FIRST	/ 1	MIDDLE	LAST
194	160 \	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166. SOCIAL SEC	URITY NO. 17 INFORMANT	NOWN	ADDRESS	
1 P	(YES, NO OR UNKNOWN) (IF YES, GIVE	E WAR OR DATES) 212-3	7-497W Marga	anot Walley	e 2010 Rob	1 ST 21716
:	-	18 CALISE OF DEATH (Enter on	nly ane cause per line far (a), (b), a	odici i	ares wanace	2010 1000	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
physic npape moval.		PART I. DEATH WAS CAUSE	ED BY: TE CAUSE (a) Card	9 . 1	ins officer	n	1hr.
corbo corbo or re		IMMEDIA	DUE TO, OR AS A CONSEQU	IENCE OF -		, (
otten ove c ition,	100	Canditians, if any, which	(16) Arten	à selevalie C	ardivase	won disease	20/12
remo emo		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQU	JENCE OF		100	
ease ol, cr		underlying cause last	(c)				
hen p to bur njury, o	z	PART 2. OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE	OR CONDITION GIVEN	IN PART 1(a)
rior y	CERTIFICATION	196 DATE OF OPERATION	19h CONDITION FOR WHICH	H OPERATION WAS PERFORMED	D 20g AUTOF	SY? 20b. IF YES, W	/ERE FINDINGS USED
× 2 2 5 5	FIC	200				NO YES	IG CAUSES OF DEATH?
N 50 C	CERT	210. ACCIDENT WAS UNDERLYING		21¢ HOW INJURY		IRE OF INJURY IN ITEM 18, PART 1	
burial-tran Mental Hy or frem 18 s		OR CONTRIBUTING CAUSE OF DEA		19			
P X P	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE.	211 LOCATION STREET		CITY OR TOWN	COUNTY STATE
bo the hond hond	5	AT WORK AT WORK	, and the same of	, 1 (1) (1) (1)		100	12/
use de la Healt		A STATE OF THE PARTY OF THE PAR	ital) attended the deceased from,	Jen 19	9_72	8 19	, that (I) (we) last
IRECTO hed for ept. of the tem 21		sow the deceased of e on above (I) [we] (did [did no	v for fre body after feath.	III TO THE PARTY OF THE PARTY O) apinian death accurred	an the date and haur an	
0 % C ±		226. SIGNATURE	MIMHIM	DEGREE ATTEN	NDING MEDICAL	STAFF PHYSICIAN	221 DATI SIGNIE
be deto		22d. PHYSICIAN'S NADME (TYPE O	DE PRINT)	PHYS 22e. ADDRESS	CIAN DIRECTOR	ZPHYSICIAN [0/10/00
2050		Edward	A. Winst 1	un 2300	Garrisa	2 Blud	21216
shoul With 1	230 4	BURIAL CREMATION, REMOVAL	Tab Date 1234	NAME OF CEMETERY OR CREM	AATORY 234 LOCAT	ION	37010
		Burial	Augusta 1881	MTZIN	Emiliary Ro	Timer me	md. STATE
50M 1/76	24. F	UNERAL DIRECTOR	11 ADDRESS	111111111111111111111111111111111111111	The DATE REC D. BY RE	STRANTO REGISTRA	SAIGNAIN ARE
5 (4))		Charles H. Powe	2 / 40 / 400 /	11/71/1.	Allin I H IM	A branch sage for	







STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAUHYGIENE 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 20 DATE KNOWN X ESTI-DIRECTOR OUR FILES. 472 HOURS ON STREET, E. DEATH MATED 8-30-8619 CHARLES **GUNN** 3 SEX 4 RACE 5 DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR 74 HOUR IF LINDER 24 HRS DATE AND 3 TO THE FUNERAL DIRECTOR STORM PAGE 5 FOR YOUR SHOULD BE FILED, WITHIN 72 HIRECARDS TO W. PRESTON ST LAST BIRTHDAY) PRONOUNCED Apr. 29, 1924 62 8--30-86. 9:30a Male Negro DEAD Th CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OF 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED T NEVER MARRIED X FOREIGN COUNTRY) Baltimore City Roanoke, Va. USA DIVORCED IO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 124 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE! OR INDUSTRY 401 S. Fremont Avenue Fruit Co. Baltimore Laborer USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI Baltimore 136 INSIDE CITY LIMITS? 136 STREET ADDRESS Maryland 401 S. Fremont Ave. 21230 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Pearl T. James Arnett Gunn Monroe Va. 24541 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT LIF YES GIVE WAR OR DATES 226-26-7098 Danville. Yes Theresa Harden 226 Grant St. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Arteriosclerotic hypertensive cardiovascular Conditions, if any, which disease gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) CERTIFICATION GI Bleed 19g, DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT OF PRICE TO BUR NO X 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED TIE PLACE OF INJURY SATHOME 21f. LOCATION STREET, FACTORY, FARM, ETC.) CITY OF TOWN WHILE AT WORK X 22a I certify that I took charge of the remains described above, held an Autopsy death resulted fram: Natural causes Homicide Undetermined monner TITLE (SPECIFY) EXECUTE THE CO PAGE 4 SHOUP TO FUNERAL D AFTER DEATH, BALTIMORE, M Assistant MEDICAL EXAMINER DATE 8-30-86 SIGNATURE. William M. Zane, M.D. 111 Penn Street EXAMINER'S NAME (TYPE OR PRINT) ADDRESS 23a BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY 236 LOCATION CITY OF TOWN COUNTY STATE Burial Roanoke Veterans Cemetery Va. 25M 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** Marshall W.Jones, Jr. FH 4101 Edmondson Ave. - washing himself 1986 (VR A15 ME (5))

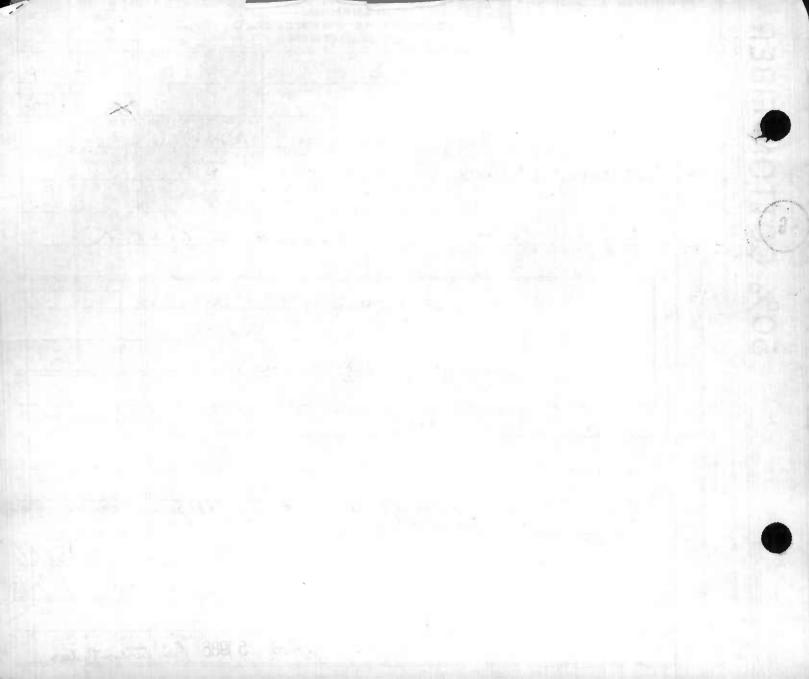
naturates & Hol S. Present Ave. 21230

INCHE STATE

Ecolo- Series arosa 22 Trust St. Laurille,

.eva combounds luid it .el.combou fires

		Items 130	9 106.	STATE OF MARYLAND		0 1 0 1
0 1 5 0 0 0	1.	FOR PETPINONE	H.L. DEPARTI	MENT OF HEALTH AND MENTAL HYG	DENE O 2	2004
0-15029	1.05	REGISTRAR 8-18-9	810	CERTIFICATE OF DEATH	REG. NO	
e g oth		OR PRINT)	WIDDLE	CHOTER	20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR 7 18 86 545 P.
nay be page 3	3 SE		RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRT	
ge 4 m		male	negro	MONTH DAY YEAR 7 18 86		YRS DAYS HOURS MIN.
72 hours		RTHPLACE (STATE OR FOREIGN 76 COUNTRY)	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	PALTIMORE CITYO	R COUNTY OF DEATH
offer de	10 C	TY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	12a. USUAL OCCUPATION	
nn by e file	Usu	AL RESIDENCE (IF NURSING HOME OR OTH	SOUTH BUTTON GIVE RESIDENCE BEFORE	Itimore genera	NIA	
AND 24 ho		TATE O. NO SUNTY			130 STREET ADDRESS	ZIP CODE 21225
Somine somine	14. FA	ATHER'S NAME FIRST INDI	DLE LAST	15 MOTHER'S MAIDEN NA	MIDDLE	LALTER LAST
os I so		VAS DECEASED EVER IN U.S. ARMEI		RITY NO. 17 INFORMANT	ADDRE	SS
be exect on and c	igs '	TES NO ON DIALNOWING	AR OR DATES)			
T., BAL infrcate physici npaper maval.		18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B	Y. Carcali	- Rose rator	a DVV	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
0000		IMMEDIATE C	DUE TO, OR AS A CONSEQUE	NICE OF	9	
PRESTON he death come and the attending mattern, or a renamble; or		Conditions, if any, which gove rise to immediate	(b) SC	Jere Frema	Whity	
W. or the series of the other	51	couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE	1	a hara	2
RDS, 201	7	PART 2 OTHER SIGNIFICANT COM	NOTIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONF	DITION GIVEN IN PART 110
ORD:	ATIO	190 DATE OF OPERATION	TIBL CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	Table IE VES MEDE FINIDATION LOS LUSTO
NG PHYSICIAN: The low requires the other ding physicion. After this certificate has been signed I os the burnol-tronsit permit. Then plee the and Mental Hygiene prior to burial and Advanced or Item 18 shows any injury, are	CERTIFICATION	NIA	N CONDITION FOR WHICH	A	YES NO	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
DF VIII. T physic: T physic: T physic: Trificate li-trons; fol Hygin m 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH DA	121c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2)
ON O HYSIC Iding Ins cert burial Ments	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED	P.M. 21e PLACE OF INJURY	211. LOCATION		
UG PH offent offent ter this is the b ond is	ME	WHILE NOT WHILE AT WORK	(AT HOME STREET FACTORY, OFFICE F		CITY OR TOV	VN COUNTY STATE
O O O E		220 I certify that (I) (this haspital)		7178 1986		. 19 <u>86</u> , that (II (we) last
7 15 U		sow the deceased alive an above, (1) (we) (did) (did not) vi	ew the body after death.	DEGREE	death occurred on the da	te and have and from the causes stated
the the color		O/Pen	al helper	ATTENDING PHYSICIAN	MEDICAL STAF	FAND 7/8/8/
HOSPITAL Inned by the FUNERAL India be deto high State of the State of		224 PHYSICIAN'S NAME (TYPE OR PR		22e ADDRESS		- 11
O HOSPITA TO FUNERA should be de with the Stat		JHLEM H	AL-NABE		1 130	more General hosp:
	230 E	SPECIFY)		AME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
BP	24 FL	Removal	7-24-86	ZSa DAT	E REC'D. BY REGISTRAR	25b REGISTRAR'S SIGNATURE
DHMH - 16 60M 7/B4 (VRA 15, 4)		Anatomy 1	Board ADDRESS	Balto., Md. AUG	5 1986 4	lia Traide De lane

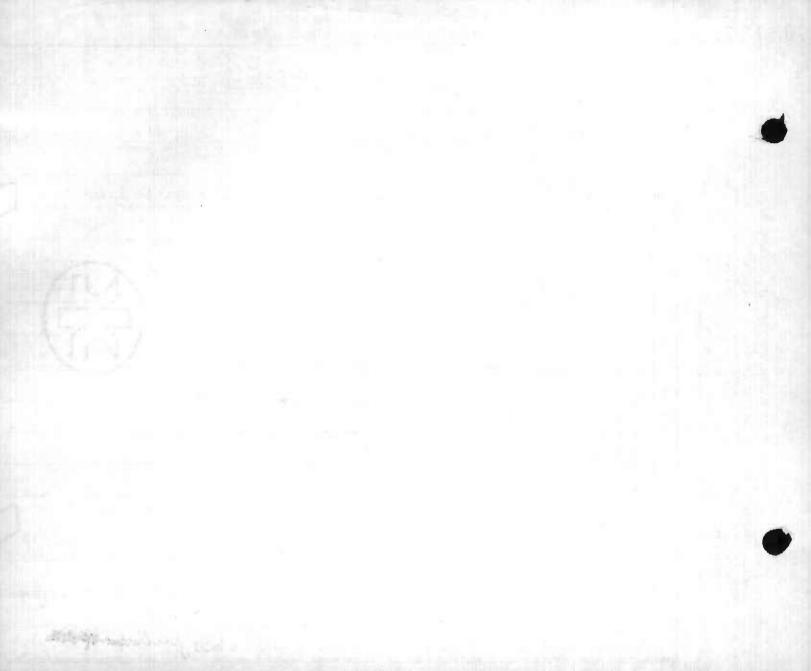


The same of the sa e - 3 e and tar it statement of the vision of the control o COSISE one book Art 2 2 M. Engleson establish The gradient of the control of the c South of the state of the control of

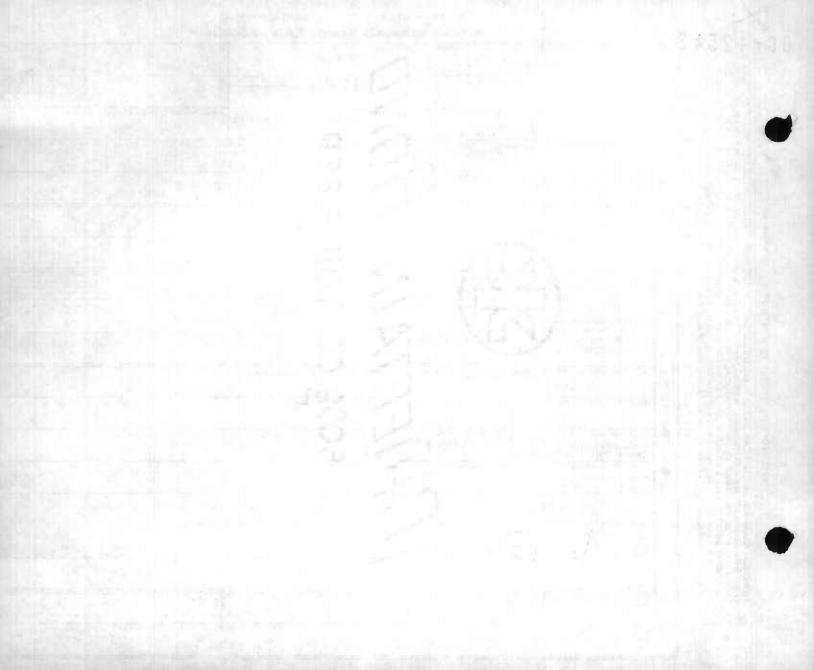
STATE OF MARYLAND

Leter at the Literature College

		FOR		D	EPART	MENT OF		AND ME		YGIENE	2	2	7	8 9	
55		STATE REGISTRAR				EXAMIN			6.3	FDEATH	1 6	REG. NO.			
77 * 20 35		CEASED NAMI	FIRST		MIDDLE			LAST		20		□ NWC	MONTH	DAY YEAR	26 HOUR
			Thomas	S			Ha!		R.		DEATH MA	ATED X	8/1	10/ 1986	
	3. SE)		4 RACE	5. DATE OF BIRTH	YEAR	6. AGE (IN YEA	RS IF UN		IF UNDER 2		DATE	D	MONTH	DAY YEA	10:50 6 A _M
	100	ale	Black	4/4/2		59 YR	S.		1.00.00		DEAD		- 1	11/ 19 8	6 A _M
	FO	RTHPLACE (S REIGN COUNTRY)		76 CITIZEN OF WH	AT COUN	VTRY?			VER MARRIE	D 🗆 9.8		_	-	Y OF DEATH	
		outh or town		USA			WIDOW		DIVORCE			imore			MD.
5	10. CI			11. NAME OF HOSP	ILITY, GIVE S	TREET ADDRESS)	OROTH	ER INSTITUT	IION		OF WORKING		OF WORK	OR INDUS	
	USUA	Baltin		1306 Myr			INI)						7 1	, ,	
7	13a. S		1136 COUL		13c. CITY	Balto.		T3d. INSIDE (II	NO 🗆	13e 136	6 My	rtle	Av	é./	
N		THER'S NAME		WIDDLE	Ha]	LAST		15. MOTHE	R'S MAIDEN	NAME	MIDDLE	E		LAST	
ŕ		Barrie		BULED CORCECO		L L	110	17. INFORM				DDRESS			
	160 V	ES, NO, OR UNKNO	D EVER IN U.S. AL	RMED FORCES?		0-42-6			elia	Bell			ord	Ct	
		no		inly one cause per line t			010	Opin	EIIa	DCII	1/3	OXI	Old		ATE INTERVAL
		cause (a) lying cau				NSEQUENCE C		OR CONDITION	N GIVEN IN PART	[1] n			VY		
An all the second	NO	100									31			3 00	
	CERTIFICATION	190 DATE OF	OPERATION	19b. CONDITI	ON FOR	WHICH OPER.	ATION W	AS PERFORM	MED?					20 AUTOPS	
	RTI	21a EXTERNA	AL CAUSE WAS	21b. TIME OF	INHIRY		71, HC	DW IN HIPV	OCCURRED	LENTED NATIO	DE OF IMPLOY	IN 175 40 10 Da	OR TO COM	YES 💢	NO 🗌
			OR NG CAUSE OF		MONTH		4				OF HOURT	TO THE PA	JR FAR		
	MEDICAL	21d INJURY		21e PLACE O	FINJURY	/ 1986 (AT HOME,	211 LO	CATION	stab						
	M	WHILE AT WORK	NOT WHILE	STREET, FACTO	ORY, FARM, E	itc)			ctle A		Balto	. Cit	y, iv		STATE
		22a I certi deoth result	· Pro	rge of the remains desc	Accident		Autops		Inspection Inspection		nquiry ined monne		in my ap	inion	
		ACTUAL SIGNATURE,		XIU	V		M		istant	MEDICA	LEXAMINE	R	DATE	_D 8/12/	86
7		EXAMINER'S	NAME	V	7-1-5	C		4	FaB.				3131461	3210	
430	22 6	(TYPE OR PRI		regory R. I						1 Pen					
	730.B	Buria	TION, REMOVAL	8/15/86		NAME OF CEA			УКҮ	23d. LOCA	Ito.	, Md.	COUN	YTY	STATE
		JNERAL DIREC	TOR		Mt		urn	2	25a. DATE RE			Sh REGIS	TRAR'S SI	Court of the second	
	T1	SKOY O	. DYET	r 4600°L1	BER'	ry HGI	SAV	VE.	AUG	1418	86 8	ALTER AND		1	



3	4 1	_	8, #22: FOR	2aFili	mG618	8/15	EPARTA	STAT			ENTALH	YĢIĘNE	6	2	3	9			
0	10510		STATE REGISTRAR			MED	ICAL E	XAMINI	R'S C	ERTIFIC	CATEO	F DEAT		REG. NO	D.		-		
00-	12344	1. DECEASED NAME FIRST				EASED NAME FIRST MIDDLE LAST 20. DATE KNOWN 🖅							MONTH	DAY	YEAR	2b. HOUR			
	2 5 5 5 F	(148)	OK PRINT)	WII	LIAM	Fr	ench			HALL			OF DEATH		7	11	19 86	M	
	F 등 등 등 등 등	3. SEX		4. RACE	5 DA	TE OF BIRTH	YEAR	6. AGE (IN YEAR	S IF UN		IF UNDER 2		RONOUN	CED	MONTH	DAY	YEAR	2d HOUR	
	S NECESSARY, PLASE FUNERAL DIRECTOR. E FOR YOUR FILES. D. WITHIN 72 HOURS. W RESTON STREET.	ر	male	black			54	31 YR:		DAYS	HOURS	MIN.	DEAD	CED	7	11	1986	PM	
	RAIL Y LESSA		RTHPLACE (ST	ATE OR	7b. C	ITIZEN OF WH	AT COUNT	TRY?	8. MARRII	ED NE	VER MARRIE	DXX 9	BALTIMO	ORE CITY O	R COUN	TY OF D	EATH		
	PASSES TO	M	aryland			U.S.A.		1	WIDOW	ED 🗆	DIVORCE	DU		imore		Y		MD	
16	HE FE	10. CI	TY OR TOWN	OF DEATH		F NOT IN SUCH FAC			OR OTH	ER INSTITU	TION	FOR MO	OST OF WORK	ATION (TYPE	E OF WORK		ND OF BUS		
V	DELAY IS NEW AND 3 TO THE FUN RETAIN PAGE & HOULD BE FILED, RECORDS, 201 W. F.	-67	altimor	-	2	107 Mac	dison	St.	21.14			Ur	nemp1	oyed				150	
As.	DEAN STAN	USUA 13a, S	L RESIDENCE	IF IN NURSING H	OUNTY	R INSTITUTION GIV	136 CITY	OR TOWN		13d INSIDE C	ITY LIMITS?	13g STREE	ET ADDRES	SS					
A B	A PASSES	M	aryland				Balt	ortown	100	YES 🗴	NO 🗌	1808	3 E.	Fayet	te St	Street 21231			
WD.	0.00	14. FA	THER'S NAME		MIDD	DLE	,	AST	FILE		R'S MAIDEN	NAME	MI	DDLE			LAST		
RE,	AFTER DEATH, IF	/	Willia				rench				Ten			J.		Ha1	1		
J.W	PA SI SI SI SI SI SI SI SI SI SI SI SI SI	16a. V	VAS DECEASED	DEVER IN U.S	ARMED FO		11000	IAL SECURITY		17. INFORA			1 1	ADDRESS			0.1		
BALTIMOR	DURS AFTER 18. GIVE PA WITH FOR MIT. PAGES 1		NO				24.	3-13-58	317	Jame	s Col	eman	I N.	Broad	away				
	E. DI		18 CAUSE O PART I DE	F DEATH (Ent	er anly ane	cause per line			1-	-						BETV	PROXIMATE VEEN ONSET	AND DEATH	
NO	IIN 24 HOUR IN ITEM 18. ? ALONG W SSIT PERMIT. HYGIENE, D MOVAL.		1/1/1		EDIATE CAL	12F (a)	-	tensit		ardı	ovasc	ulai	r di:	sease	2	-		- 41	
EST	ZZAFFO	Canditians, if any, which																	
gr.	WITHIN SINCIL IN AINER A TRANSIT NTAL HY		gave m	e ta imme	diate	(b)		300											
3	XECUTED WITHING." IN PENCIL I SAL EXAMINER BURIAL - TRANS AND MENTAL ATION, OR REA	27	lying cau	stating the <u>u</u> se last.	nder-	DUE TO, OR	AS A CON	SEQUENCE C	F										
5, 20	XECUTED JG" IN PI SAL EXA BURIAL- AND MEI		A.A	CALLED CALLED	((c)													
RECORDS, 201 W. PRESTON ST.	CERTIFICATE SHOULD BE EXECUTED TING THE WOOD PENDING" IN FEB TO 18 SHOULD BE USED AS A BURIAL SHOULD BE USED AS A BURIAL DEPARTMENT OF HEALTH AND ME I PRIOR TO BURIAL, CREMATION,	z		rcoti		BUTING TO DEATH B	UI NUI RELAI	ED ID THE IERWI	NAL DISEASE	OR CONDITIO	N GIVEN IN PAR	Tal ial.							
SEC.	MEN WEN AS	CERTIFICATION	19a, DATE OF			TION CONDIT	ION FOR V	VHICH OPERA	ATION W	AS PERFOR	MED?				-	120 A	AUTOPSY?	-19	
3	SHOUL CHIEF	FIG															YES X	NO 🗆	
DIVISION OF VITAL	WENTER OF BELLEVILLE	ERT	21a. EXTERNA	L CAUSE WA	NS .	216. TIME OF	INJURY		21c HC	OW INJURY	OCCURRED) (ENTER NA	ATURE OF INJI	URY IN ITEM 18	PART 1 OR PA		152 (7)	NO [
0 2	THE WOULD BOULD BRIMEN		UNDERLYING	OR	CE DE ATH		MONTH	DAY YEAR											
oisi	SHO	MEDICAL	214 INTURY C	CCURRED		71e PLACE C		(AT HOME,		CATION					1		W	1100	
≥iq	WARDE WARDE PAGE 3 TATE DI 21201	M	WHILE AT WORK	NOT WHILE	E	STREET, FACTO	ORY, FARM, ET	C }	S	TREET			CITY OR TOW	VN	cc	YTAUC		STATE	
	NER: THIS CERT CATE, WRITING FORWARDED TOR: PAGE 3 SH THE STATE DEPA AND, 21201 PRI									, K									
	TO TO THE AND					ne remains desc			Autop	-	Inspection		Inquiry		nd in my a	pinian			
	AMI REC AITH RYL		death result	A tram:	Natural cau	isesX[X],	Accident	L_J, 3011	ide		PECIFY)	Undetei	rmined ma	inner,					
	H, VA		ACTUAL SIGNATURE	MV	1	XV	1	_			stant	MEDI	CALEXAM		DATE	. 7.	-12-8	6	
	SER SER S	/	SIGNATURE	1	-				~~~	.U. <u>21001</u>	beane	MEDIC	CALEXAM	INEK	SIGN	EU	12 0		
	MER PER PER PER PER PER PER PER PER PER P		EXAMINER'S" (TYPE OR PRI	NAME NT)	Ann M	. Dixor	1, M.I	0.		ADDRESS_	111	Penn	St.,	Balto	1 ,.c	(D)	21201		
	TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFER DEATH, WITH THE ST. SPARTIMORE, MARYLAND, 2	23a.B	URIAL, CREMA	TIÓN REMOV	AL 23b DA	TE.	23c N	AME OF CEN	ETERY O	R CREMATO	ORY		CATION		COL	INTY	514	TF	
07/B4	BP219		BURIA			7/16/86	Ea	astview	Mem	orial			Ttimo			Md	•		
25M	DHMH - 17		UNERAL DIREC		11.	1 40PRESS	F .	N. 12	0		250. DATE R	EC'D. BY	REGISTRAI	R 256 REGI	ISTRAR'S	SIGNAT	URE	-	
	(VR A15 ME (5))	IVI 6	arch Fu	neral	Homes	110Ts	East	North	Aven	ue	- 1111	10	1900	4				- 6	



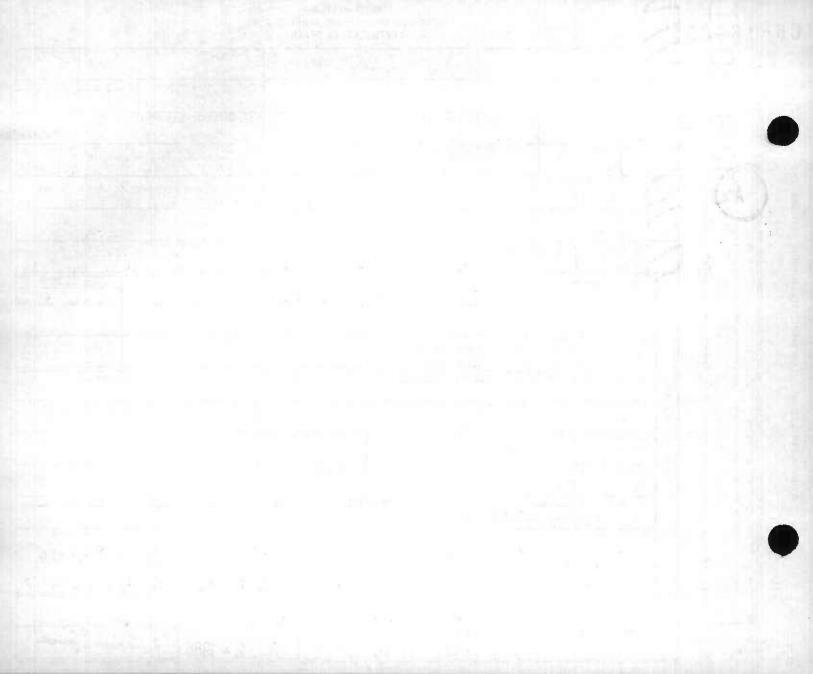
		F/8 (C)						E OF MARYLAND			
- 1	4326		1-	FOR STATE REGISTRAR		DEPARTA	MENT OF I	ICATE OF DEATH	REG. NO.	3 9	
-	7 0 2 0	- 11		EASED NAME FIRST		MIDDLE		AST	20 DATE OF DEATH MONTH	DAY YEAR	2b HOUR
	be oge 3 death					a - POM	T .	USZKEWYCZ	August 2, 19	-	9:10P _M
	4 mc	240	3. SEX		4. RACE		S. DATE (DAN NEAD	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	
	oge recto	0		Female	Whit		May	12, 1899	87 YR		
	g 98	Sign of the	7a. BI	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY OR COUP		
	ATA	20		Poland	U.S.		WIDOWE	D DIVORCED	Baltimore (City,	MD.
5	(A)	De la Constantina	10 CI	Baltimore	(IF NOT IN SUC	HEACILITY, GIVE STREET	ADDRESS)	nue 21223	120. USUAL OCCUPATION 1TYPE OF WORK FOR MOST OF WORKIN Home maker		OF BUSINESS OR
2	2 -0	B) [U5U/	AL RESIDENCE (IF NURSING HOME CO	R OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)		1		
N.	24 l	Sala		Maryland	INL	Baltime	ore	136. INSIDE CITY LIMITS?	1328 Glyndo	on Aver	ue 21223
YLA	tely 2 sh	in e		THER'S NAME				15 MOTHER'S MAIDEN NA	ME		
. WAR	omple of d	C Com		regory	Dovor			Eva	Dovora)	ζ.	AST
MORE	ond Poges	Tedico		VAS DECEASED EVER IN U.S. AL	IVE WAR OR DATES)	212-05		17 INFORMANT	es 1328 Glynd	don Ave	21223
ALTI	te be	the		18 CAUSE OF DEATH (Enter o	nly one cours per			, our rount	co roso orymo		DXIMATE INTERVAL N ONSET AND DEATH
.T. B	phys on pap	event,	ij.	PART I. DEATH WAS CAUS	ED 8Y:	A .	rulm	my aut		BETWEEN	ONSET AND DEATH
NO	h ce ding or re	ofic			DUE TO O	R AS A CONSEQUE	NCE OF			.,	42
EST	deot otter	Eno		Conditions, if ony, which	((b)_	Prices		is		1 4	rect
W. PR	by the cremo	other tr		gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OF	R AS A CONSEQUE	NCE OF	.)	e . Serere	ma	netar
5, 201	igned en pled burial	Jry. Or	7	PART 2 OTHER SIGNIFICANT	CONDITIONS				INAL DISEASE OR CONDITION	GIVEN IN PART 1	10
RECORDS	requestra sur The	y in	TIO				· 1				
I REC	n. nos be permi	500	CERTIFICATION	190 DATE OF OPERATION	196. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	INCE	YES, WERE FIND	S OF DEATH?
IIA	N: Th tysicio icote I ronsit Hygie	sks C	ERT	210. ACCIDENT WAS UNDERLYING	21b. TIME O	FINJURY		121c HOW INJURY OCCURE	YES NOW K	YES DEPART 1	NO []
OF.	SICIAN 19 phy certific rial-tro	E 9		OR CONTRIBUTING CAUSE OF DE	~		AY YEAR		(2.112.11.01.C OF 11.70.11 INT. 11.11.	10 1 40 1 00 1 40 27	
NO	lySK ding ding s cel	# /	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE 216. INJURY OCCURRED	P./ 21e. PLACE (19	211 LOCATION			
DIVISION OF	offen the os the orthond	orkedo	ME	WHILE NOT WHILE AT WORK	LAT HOME, STR	EET, FACTORY, OFFICE, F.	ARM, ETC)	STREET	CITY OR TOWN	COUNTY	STATE
V.	NDI OF OF USE	ž.		22a.1 certify that (1) (this hasp	0/-/			, 19	, to		, that (I) (we) last
-	Spite CTO Afor	n 21		saw the deceased alive as abave, (1) (we) (did) (did no		after death	<u></u>	d that in (my) (aur) apinian (death accurred on the date and l	haur and from the	e causes stated
	OR Porched	# # e		22b. SIGNATURE	1	In	11, 7	DEGREE		22t. DAT	ESIGNED
	TAL y th y th RAL det det	Ē	Ш	Man	40,1	hongen	14 %	PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	Aug	4,86
	HOSPITAL ned by the FUNERAL sid be det	RIAI		224. PHYSICIAN'S NAME (TYPE				22e ADDRESS	No. of the Park		
	TO HOSPITAL (retoined by the TO FUNERAL E should be deto	Od W		Richard Ma					of MD Hospit	cal	
	FEFS	-	23a. 8	URIAL, CREMATION, REMOVAL				EMETERY OR CREMATORY	23d. LOCATION	COUNTY	STATE
	BP	- 1		Burial	Aug 7			Trinity Cem		oward C	o, MD.
	DHMH - 16 50M 4, (VRA 15, 4)	/82	24 FU	neral director Dipp 110 Belair F	oel Fun Road B	eral Horal	me II	21206 AU	E REC'D. BY REGISTRAR 256 REG	SISTRAR'S SIGNA	ATURE
	,						- / - 11				

1300 Eutaw Place

Chas.A.Rice FSPA

(VRA 15, 4)

maki wan pinika infiri salika saka



DHMH - 16 60M 7/84 (VRA 15, 4)

0

24 FUNERAL DIRECTOR March Funeral Homes 1101 East North Avenue

9/3/86

23b. DATE

23a. BURIAL, CREMATION, REMOVAL

BURIAL

23c. NAME OF CEMETERY OR CREMATORY

Cedar Hill Cemetery Anne Arundel BY REGISTRAR 256 REGISTRAR'S SIGNATURE 25a DATE REC'D. wie Davidson- Non

CITY OF TOWN

73d LOCATION

Md.

STATE

22c DATE SIGNED

2h HOUR

126 KIND OF BUSINESS OR

Whitley

YES [

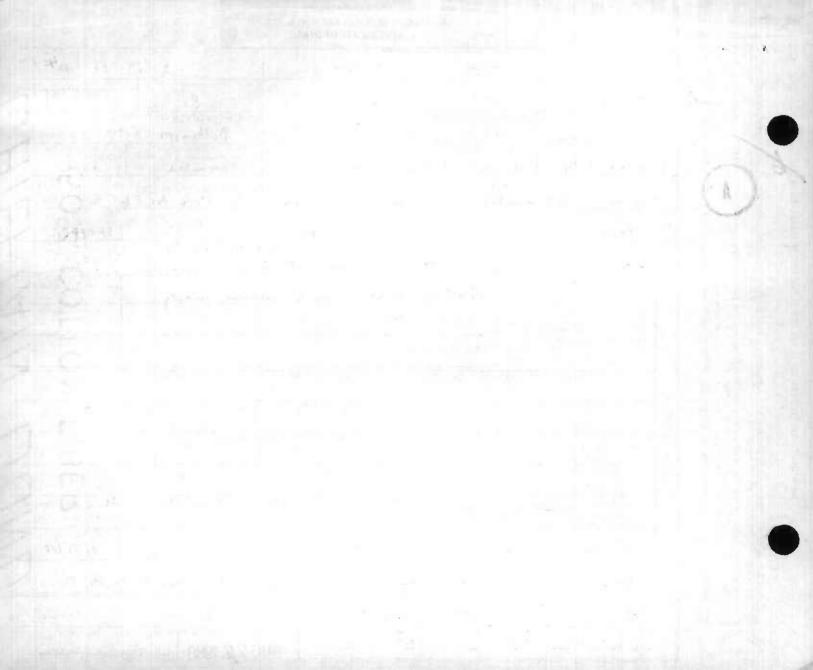
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

MINS

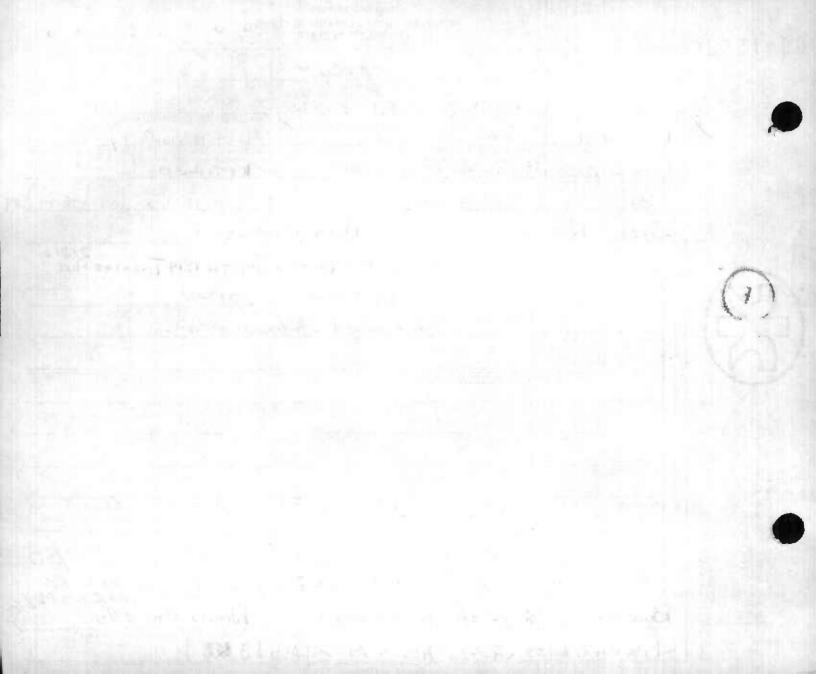
NO [

IF UNDER I YEAR

1008nM



STATE OF MARYLAND



5850 周 2 + d b

STATE OF MARYLAND 86-2239 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME MIDDLE LAST 20 DATE OF DEATH MONTH 76 HOLIR LITTE OR PRINTS RAYMOND 3-55 8 86 3 SEX 5 DATE OF BIRTH A AGE LIN YEARS LAST BIRTHDAY MONTH YEAR Male White 06 YRS TO BIRTHPLACE ISTATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED T NEVER MARRIED Maryland Balto, City S. WIDOWED DIVORCED O CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR Salesman Samaritan GOOD TO SUCH Real Balto. Estate SUAL RESIDENCE (IF NURSI OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION Md. Balto. 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Balto. NO PA 6727 Oueensberry Rd. 21239 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Anthony FIRST MIDDLE Hardy 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 16b. SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 212-07-3989 Yes May Hardy - Same as #13 Mrs. APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY FAILURE HEART IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF 3 weeks. MYOCARDIAL INFARCTION Canditions, if ony, which gave rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g. STATUS POST 2 ANGRENDUS ILEUM 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO I YES T 71n ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR MEDICAL

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INTURY OCCURRED 71e PLACE OF IN HIRY 211. LOCATION COUNTY CITY OR TOWN STATE AT HOME STREET FACTORY OFFICE FARM, ETC | NOT WHILE AT WORK 10 6-17-

8-1-86

1086

1986 saw the deceased alive an_ _, and that in (my) (aur) apinion death occurred an the date and haur and from the causes stated obave, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE MA ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

22c DATE SIGNED 8-17-86

10 86

22d PHYSICIAN'S NAME (TYPE OF

22e ADDRESS HOSPITAL GOOD SAMARITAN

STAFF

0.	BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d

8-17-

8-17-86

OCATION CITY OF TOWN

COUNTY STATE

24 FUNERAL DIRECTOR

Removal

Anatomy_Board

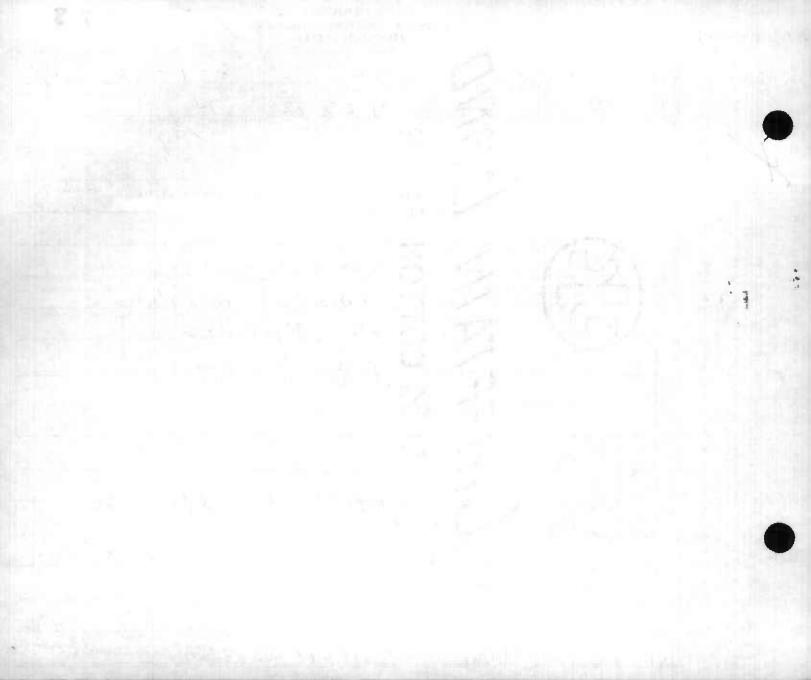
22a L certify that (1) (this hospital) attended the deceased from

ADDRESS Balto. Md

250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

x Balko. Gity B.U Smallera Tes . HWXT - Club-CT-0 - C com or - Comp or - Camp



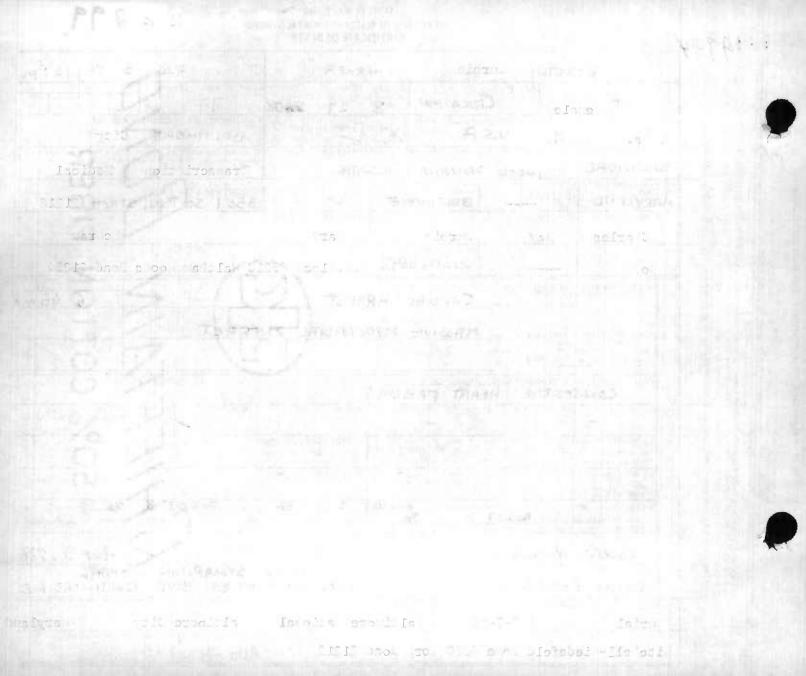
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

86 22399

	REGISTRAR				LAST		2ª DATE O	F DEATH	MONTH	DAY			
	OR PRINT)		bin		ARKER		THE DAIL O		NG	3	VEAR 86	2b HOUF	
3. SEX		4 RACE		S. DATE (- 6	6. AGE (IN			-	ER I YEAR	IF UNDER 2	A HRS
J. 3L A	Female		AUCASIAN			SO OS		דר	YRS	MONTHS	DAYS	HOURS	MIN.
	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	_	RY? 8	D NEVER MAR	_ (9 BALTIMO	ORE CITY C		TY OF DE	ATH		
	Va. U.S.A.	U.S.	·F		ED NEVER MAN		BA	LTIM	ORE	Ci	ty		M
B	TY OR TOWN OF DEATH	GOOD -	SAMARITI	REET ADDRESS)	OR OTHER INSTITU	NOIT		OCCUPAT RK FOR MOST O ISCTI	OF WORKING	LIFE) IN	KINDO OUSTRY Medi	F BUSINES	55 OI
13a S	ary land		BALTIN	OWN		0	3 STREET		ZIP CO		tet	2121	8
4 FA	THER'S NAME FIRST R.	MIDDLE	Durbin		15 MOTHER'S M. FRS Mary		E	WIDDLE		М	icGra		
	VAS DECEASED EVER IN U.S. A	MED FORCES?	166 SOCIAL SE		17 INFORMANT			ADDRI	ESS			30.00	
	NO TES, NO OR UNKNOWN) (IF YES, G	VE WAR OR DATES)	2120	13598	B.M. Bloc	ck 8921	1C Wal	ltham	Wood	s Ro	ad 2	1234	
	18 CAUSE OF DEATH (Enter of PART), DEATH WAS CAUS	nly one couse per	line for (a), (b)	, and ice								MATE INTERV	AL
	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost	(b)	RAS A CONSECUTION OF THE PROPERTY OF THE PROPE	QUENCE OF	OCARDIA!	LIN	FAR	CT					51
ICATION	Conditions, if any, which gove rise to immediate cause 101, stating the	DUE TO, OI (b) DUE TO, OI (c) CONDITIONS CO	R AS A CONSECUTION OF THE PROPERTY OF THE PROP	OUENCE OF OUENCE OF TO DEATH BUT AILUR	OCFRDIA	THE TERMIN	117	SE OR CON	20b IF Y	ES, WER	E FINDIN		
RTIFICATION	Conditions, if any, which gove rise to immediate cause (o), stating the underlying cause lost PART 2 OTHER SIGNIFICANT CONGEST 190 DATE OF OPERATION	DUE TO, OI (b) DUE TO, OI (c) CONDITIONS CONDITIONS 196 CONDI	R AS A CONSECUTION FOR WHI	OUENCE OF OUENCE OF TO DEATH BUT AILUR	NOT RELATED TO	O THE TERMIN	200 AUTO	OPSY?	20b IF Y	ES, WER	E FINDIN CAUSES	GS USED	
	Conditions, if any, which gove rise to immediate cause 101, stating the underlying cause lost PART 2 OTHER SIGNIFICANT CONGEST 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE (IF ETHER NOTIFY MEDICAL EXAMINE	DUE TO, OI (b) DUE TO, OI (c) CONDITIONS CO 19b CONDI 19b CONDI HOUR A.I. P.I.	R AS A CONSECUTION FOR WHITE OF INJURY M. MONTH M.	OUENCE OF OUENCE OF TO DEATH BUT ALLUR ICH OPERATIO	NOT RELATED TO	O THE TERMIN	200 AUTO	OPSY?	20b IF Y	ES, WER FIFYING YES B PART LOF	E FINDIN CAUSES RPART 2)	GS USED	
	Conditions, if any, which gove rise to immediate couse 101, stating the underlying cause lost PART 2 OTHER SIGNIFICANT CONGEST 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	DUE TO, OI (b) DUE TO, OI (c) CONDITIONS CC NE HE 19b. CONDI ATH P. 21b. TIME O HOUR A. P. 21c. PLACE	R AS A CONSECUTION FOR WHITE OF INJURY M. MONTH M.	OUENCE OF TO DEATH BUT ALLUR ICH OPERATIO DAY YEAR 19	NOT RELATED TO	O THE TERMIN	200 AUTO	OPSY?	20b IF Y IN CERT	ES, WER FIFYING YES B PART LOP	E FINDIN CAUSES	IGS USED OF DEATH NO	
MEDICAL	Conditions, if ony, which gove rise to immediate cause 101, stating the underlying cause lost PART 2 OTHER SIGNIFICANT CONGEST 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 170.1 certify that (this hosp saw the deceased alive on obove, (1) (we) (did) (did)	DUE TO, OI (b) DUE TO, OI (c) CONDITIONS CO 19b CONDI 19b CONDI ATH R) 21b TIME O HOUR A.I (AT HOME STR	R AS A CONSECUTION FOR WHITE INJURY M. MONTH M. OF INJURY REET FACTORY, OFFI DE deceosed from	OUENCE OF TO DEATH BUT ALLUR ICH OPERATIO MEET ARM. ETC.)	NOT RELATED TO E NOT RELATED	O THE TERMINALED RY OCCURRE	200 AUTE YES D	OPSY? NO ATURE OF INJU	20b IF Y IN CERT IN ITEM 18	ES, WER FIFYING YES S PART I OF CC	E FINDING CAUSES R PART 2) DUNTY	IGS USED OF DEATH NO ST that (I) (w	H?
MEDICAL	Conditions, if any, which gove rise to immediate cause 101, stating the underlying cause lost PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE AT WORK NOTIFY TO SOW the deceased alive on above. (I) (we) (did) (did in 27b) SIGNATURE Louff Associated	DUE TO, OI (b) DUE TO, OI (c) CONDITIONS CO NE HE 19b CONDI 19b CONDI ATH P.I. 21e PLACE ((AT HOME STR itol) oftended the DUE TO, OI	R AS A CONSECUTION FOR WHITE INJURY M. MONTH M. OF INJURY REET FACTORY, OFFI DE deceosed from	OUENCE OF TO DEATH BUT ALLUR ICH OPERATIO MEET ARM. ETC.)	NOT RELATED TO NOT RELATED TO NOT RELATED TO	O THE TERMINALED RY OCCURRE	200 AUTO YES D On the content of th	OPSY? NO LATURE OF INJURE	20b IF Y IN CERT IN CERT IN OWN	ES, WER FIFYING YES S PART I OF CC	E FINDIN CAUSES	IGS USED OF DEATH NO ST that (I) (w	H?
ME	Conditions, if any, which gove rise to immediate cause 101, stating the underlying cause lost PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK AT WAS A WAS AT WAS AT WAS A WAS AND AT WAS A W	DUE TO, OI (b) DUE TO, OI (c) CONDITIONS CO NE HE 19b CONDI 19b CONDI ATH P.I. 21e PLACE ((AT HOME STR itol) oftended the DUE TO, OI	R AS A CONSECUTION FOR WHITE INJURY M. MONTH M. OF INJURY REET FACTORY, OFFI after death.	OUENCE OF TO DEATH BUT ALLUR ICH OPERATIO MEET ARM. ETC.)	NOT RELATED TO NOT RELATED TO NOT RELATED TO TO NOT RELATED TO NOT RELATED TO TO NOT RELATED TO TO NOT RELATED TO	THE TERMINAL OF THE TERMINAL O	200 AUTO YES DED (ENTERNO MEDICAL DIRECTOR	OPSY? NO LATURE OF INJU CITY OR TC	20b IF Y IN CERT	ES, WER TIFYING YES CCC 19 20 DUT and 1	E FINDING CAUSES R PART 2) DUNTY from the 2c, DATE	PGS USED OF DEATH NO SI SI SI SI SI SI SI SI SI SI	H?
WEDICAL B	Conditions, if any, which gove rise to immediate cause 101, stating the underlying cause lost PART 2 OTHER SIGNIFICANT CONGEST 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 11 MIJURY OCCURRED WHILE ATWORK NOT WHILE ATWORK NOT WHILE ATWORK ATWORK OBOVE, (I) (we) (did) (did in 12) SIGNATURE LOUGE ASSOCIATION NAME (TYPE	DUE TO, OI (b) DUE TO, OI (c) CONDITIONS CO NE HE 19b. CONDI 19b. CONDI 21b. TIME O HOUR AA HOUR AA (AI HOME STR (tol) oftended the PORTON TO STR (TOL) OFTENDED DI) view the body OR PRINT)	R AS A CONSECTION OF INJURY M. MONTH M. MONTH M. MONTH M. MONTH M. GET FACTORY, OFFI after death.	OUENCE OF TO DEATH BUT ALLUR TO DEATH BUT TO DEATH BUT ALLUR TO DEATH BUT TO DEATH BUT ALLUR TO DEATH BUT TO DEATH BUT	NOT RELATED TO NOT RELATED TO NOT RELATED TO TO NOT RELATED TO NOT RELATED TO TO NOT RELATED TO TO NOT RELATED TO	THE TERMINAL OF THE TERMINAL O	200 AUTO YES TO ENTER N. MEDICAL DIRECTOR MEDICAL DIRECTOR Table 1234 LOC.	OPSY? NO ATURE OF INJU CITY OR TO PHYSIC ARTT	20b IF Y IN CERT	ES, WER TIFYING YES CCC 19 20 DUT and 1	E FINDING CAUSES RPART 2) DUNTY from the 2c. DATE	PGS USED OF DEATH NO SI SI SI SI SI SI SI SI SI SI	H?

DHMH - 16 60M 7/B4 (VRA 15, 4)



								TE OF M							194	-	
			FOR STATE							ENTALHY		- 4	2	44	0 1	J	
			REGISTRAR		ME	DICAL	EXAMIN	VER'S C	ERTIFIC	CATE	F DEAT	H '	REG. N	NO.			
$\Omega = 0$	5/05	1. DE	CEASED NAME	FIRST		MIDDLE		L	AST		20	DATE K		CK MONTH	DAY	YEAR	2b HOUR
100		(TYP	E OR PRINT)	cl								OF	ESTI-				
	EEE CR. S.			DEShawn					rper			DEATH /	MATED	0		9 86	M
	SECE	3 SEX		4. RACE	5. DATE OF BIRTH	YEAR	6 AGE (IN YE	EARS IF UNI		IF UNDER 2		DATE	ED	HINOM	DAY	YEAR	2d HOUR
	N228₹	MA	LE	BLACK	1- 30-	77		RS.	DATS	HOURS	MIN.	DEAD		8-	15 1	986	5:15 a. M
1553	SI X AL	7a. B	RTHPLACE (ST		76 CITIZEN OF W	HAT COUN		Te.			(The 9	BALTIMO	RE CITY		ITY OF DE		OL VIII
1	の前の事業		REIGN COUNTRY)	170					_	VER MARRIE	43-1	Dall	imana				
	NECESSARY, PEASE FUNERAL DIRECTOR. E S FOR YOUR FILES. E) WITHIN 72 HOURS I W PRESTON STREET,		ARYLAI TY OR TOWN		USA	DITAL NILL	DCINIC HOM	WIDOWE		DIVORCE				e Cit		OF BUIL	MD.
-	工品品				11. NAME OF HOS	CILITY, GIVES	REET ADDRESS)		K INSTITU	TION		ST OF WORK		PE OF WORK	12b. KIND OR It	NDUSTR'	
2	50475	B	altimor	re	544 Bea	umont	Avenu	ae e									
100	F ANY DEL AND 3 TO THE "UN RETAIN PAGE 5 F SHOULD BEALLED, W	USUA 13a. S			ROTHER INSTITUTION, G												
21201	ASPON		RYLANI	13b. COUNT	IT		ORTOWN		YESTE	NO 🗆	13e STREET			- 0.	0		
	12. A 3. A	-	THER'S NAME			IBAL	TIMOF			ER'S MAIDEN	544	REAL	MOM	m 21	212		
9 3	H-WAD	1	FIRST		MIDDLE		LAST	1		FIRST	NAME	MID	DLE		LAS	ST	
3 2		-	LPHONZ			HARP	ER		SHER	RY				BA	RRET	n	
1	N S S A A		VAS DECEASES	DEVER IN U.S. ARA		16b. SOC	IAL SECURI	TY NO.	17 INFORA	MANT			ADDRES	S			
BALTIMORE, MD	IOURS AFTER DEATH 118. GIVE PAGES 1 G WITH FORM PM MIT. PAGES (AND WE, DIVISION OF WITH		10	(# 163, 6176	WAR OR DATES,			100	CHE	EDDY B	ARRE!	TT 5	04 1	PRES	TON :	2121	12
	N G S	F	18 CAUSEO	F DFATH (Enter onl	ly one couse per line	for (a) (b)	and (c)		200	RRY						ROXIMATE	
W. PRESTON ST.,				ATH WAS CAUSED	RY.			ical +	20012000						BETWEE	EN ONSET	AND DEATH
No	VAL VAL	2	XX	IMMEDIAT	r chost (o)		-cervi		Laulic	<u> </u>							
EST	NA PEN ON	1	Condition	of an oblah	DUE TO, OR	AS A CON	IZECIUENCE	10									
ex ex	A A A A A A A A A A A A A A A A A A A			ns, if any, which	(b)					ESHY							13.3
` ≥	NA STATES			stoting the under-	DUE TO, OR	AS A CON	SEQUENCE	OF						5.166			4-1
201	N A E E		lying cau	ise 1051.	((c)												
DIVISION OF VITAL RECORDS, 201	UID BE EXECUTED WITHIN 24 HOI "PENDING" IN PENCIL IN ITEM 1 FE MEDIOAGE EXAMINER ALONG ED AS A BURIAL - TRANSIT PERMI HEALTH AND MENTAL HYGIENE, IL, CREMATION, OR REMOVAL.		PART 2 OTHER SIG	GNIFICANT CONDITIONS O	CONTRIBUTING TO DEATH	BUT NOT BELA	TEO TO THE TER	MINAL DICEASE	OR CONDITION	N CIVEN IN PART	11 (4)						
ě O	EA HA	Z	TO SHARE				120 70 1112 1211		0 1 (011011)01	M OITEN IN I ME	1 (0)						
SE C	- CREAL	CERTIFICATION	190 DATE OF	OPERATION!	Tink CONDI	TIONIFOR	WHICH OPE	DATIONING	C DEDICOR	144ED2			100		les		
AL.	N FREE IN	5	190 DAIL OI	OFERATION	IVII. CONDI	HONFOR	Which OPE	KATION WA	45 PERFOR	(MED?					20 AU	TOPSY?	
N N	X82557			March 1				Diet.							YE	s K	NO 🗌
0	MAN TO O	18		L CAUSE WAS	21b. TIME OF		DAY YEA	21c HO	W INJURY	OCCURRED	(ENTERNAT	URE OF INJU	RY IN ITEM T	8 PART 1 OR P	ART 2)		
Z	등투으의존중	3	UNDERLYING	OR OR CAUSE OF D	40 4 5				ject	appar	ently	fel	din	cina 1	house	fir	-P
Sic	SH SH	MEDICAL	21d. INJURY C		21e PLACE	OF INJURY	(AT HOME,	21f. LOC	ATION	appar	CITCLY	101	ı du	- 1119	iloube		
2	SESSES O	¥	WHILE AT WORK	NOT WHILE	Y	TORY, FARM, E	rc.)		REET			SITY OR TOW			OUNTY		STATE
2007/20	HA A A E		AT WORK	AT WORK	Н	ome		544	Beau	amont i	Ave.,	Ba1.	timoi	ce Cl	ty		MD
	A TE S		22a I certif	ly that I took charge	e of the remains des	cribed abo	ve, held on	Autopsy	XX	Inspection		Inquiry		nd in my o	pinion		
35	■ 品に生金51	D	death resulte	ed rom: Noture	ol couses	Accident	XX s	vicide .	Homic	cide .	Undetern	nined man	ner 🗌				
	N. I.		/	1/	201	0.0	CO		TITLE (S								
	2 2 2 2 5 €		ACTUAL	1011101	Wall And	exIn	11/11		٠.	istant				DATE	8-15	_06	
	2 E X X E X		SIGNATURE_	o-cica	XIII	1.00	1100	7/M.[D. MOOI	LSCAIL	MEDICA	AL EXAMI	NER	SIGN	IED-T7	-00	
	W DE A POR	-	EXAMINER'S	NAME Donn	is F. Smy	th N	D			111 D	onn C	+ 1	0-1+0	DAI	D 21	201	
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 2 EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN 1 PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER AL TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT BAFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYS BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMO									111 P			Dal CC	J. , 141	0 61	.201	
	EUSE 49	23a. B	JRIAL, CREMAT	TION, REMOVAL 2			NAME OF CE				23d. LOC	TOWN		COL	UNTY	STA	TE 3T
07/B4	BP		TIRTAL		8-20-86	K	ING M	EMOR:	IAL :	PARK	BAI	TO.			M	I.D.	
25M	DHMH - 17	24. FI	JNERALDIREC	TOR	1 4 40			- 1		250. DATE RE	EC'D. BY RE	EGISTRAR	25b REC	SISTRAR'S	SIGNATUR	RE	
	(VR A15 ME (5))	1	Zedd 5	VII PROL	LOM O S	200	1/201	V Ral		Alle	104	200	1.1:	Karida	- Da	ndelle	
		-	acre .	142	- RUITE L	1	700	- 1			20		IT INVILL	mars 1 at C	-		

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH DECEASED NAME LIYPE OR PRINTS deo 3. SEX A AGE (IN YEARS LAST BIRTHDAY) To. BIRTHPLACE I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? COUNTRY) WIDOWED DIVORCED 10 CITY OR TOWN NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET, ADDRESS 0 ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13e STREET ADDRESS 13d INSIDE CITY LIMITS? 0 15. MOTHER'S MAIDEN NAME MIDDLE 17 INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? YES, NO OR UNKNOWN (IF YES GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: ancinonu IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse tot, stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? NO 71a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER NOTIFY MEDICAL EXAMINER P.M. 10 211 LOCATION 714 INJURY OCCURRED 21e PLACE OF INJURY Ď CITY OR TOWN (AT HOME STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE AL WORK Manch 220.1 certify that (1) (this haspital) attended the deceased from July 81 sow the deceased alive on VIIY 5) above, (1) (marked) (did not) view the body after death 226. SIGNATURE DEGREE MEDICAL ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN d b MPORT Manshell A. Levine 230 BURIAL, CREMATION, REMOVAL NAME OF CEMETERY OR CREMATORY 236 DATE 23d LOCATION (SPECIFY)

FOR

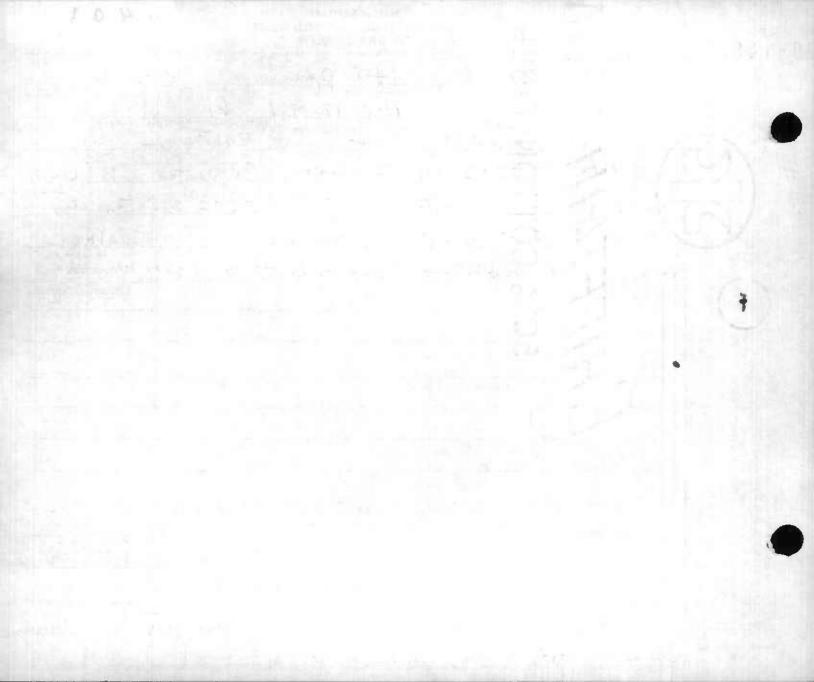
24 FUNERAL DIRECTOR

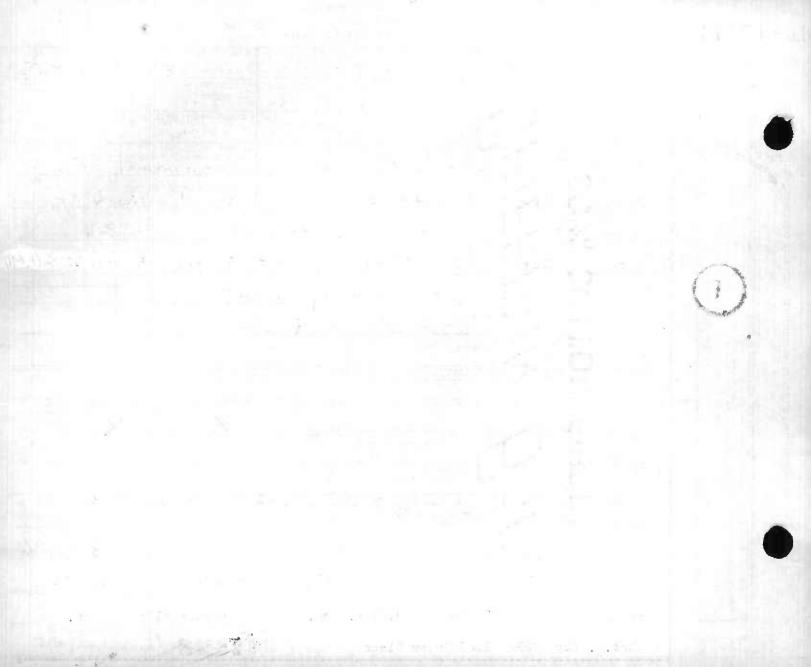
DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 26 HOUR IF UNDER I YEAR IF UNDER 24 HRS 9 BALTIMORE CITY OR COUNTY OF DEATH 126 KIND OF BUSINESS OR INDUSTRY # 5 months 20h IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (purpose apinion death occurred on the date and hour and from the causes stated

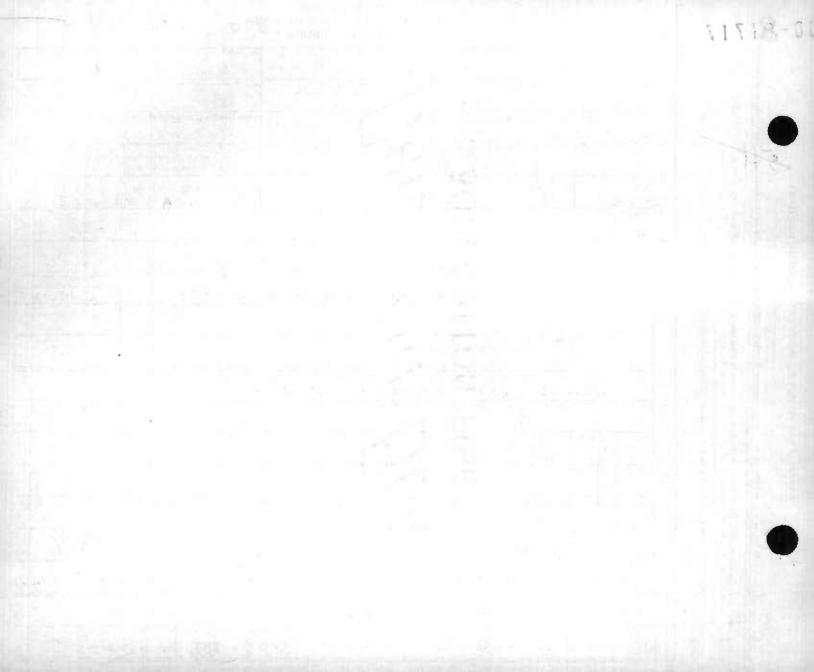
22¢ DATE SIGNED

250 DATE REC D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

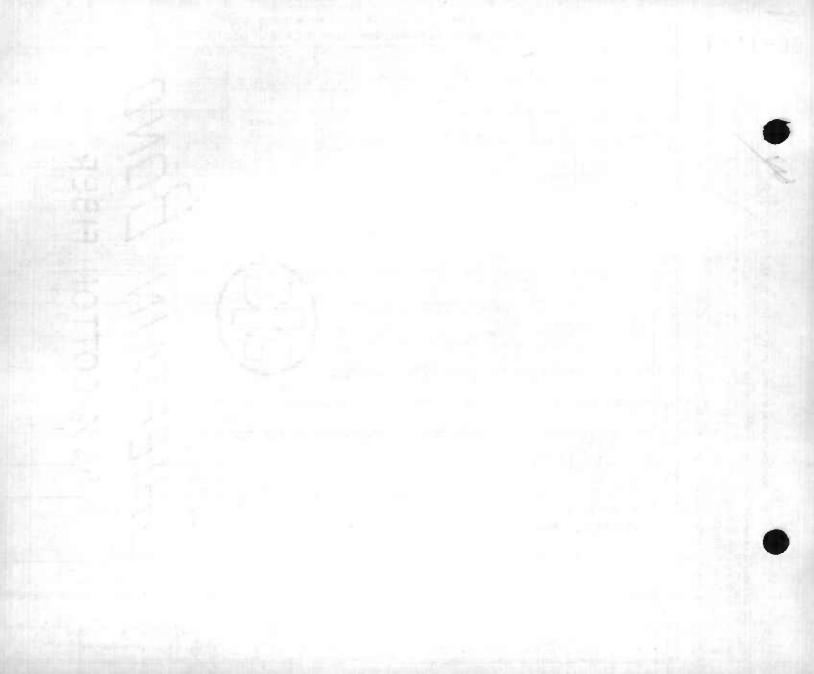




	1					E OF MARYLAND				- 3
0-81717	1	FOR STATE REGISTRAR		DEP	ARTMENT OF I	EALTH AND MENTAL H	0 0	2 2 REG. NO.	2 4 4	3
		ECEASED NAME FIRST	. N	NIDDLE		AST	2a. DATE OF DE		H DAY YEAR	2h HOUR
by be oge 3	(111)	Garlan	d		Harris		Aug	ust 28	. 1986	,
moy moy	3. SI		4 RACE		5. DATE O		6 AGE (IN YEAR		IF UNDER TYEA	
s of		Male	Bla	ck	6	22 33	53		YRS DAYS	HOURS MIN.
4 11 17	7a. E	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF V		TRY? 8.	NEVER MARRIED	9 BALTIMORE	CITY OR CO	UNTY OF DEATH	
		North Carolina	U.S		WIDOWI	D DIVORCED (more C	ity,	MD
5	1	CITY OR TOWN OF DEATH	3040	W. Gar	rison A	PROTHER INSTITUTION	120 USUAL OC (TYPE OF WORK FO Disa	R MOST OF WORK	KING LIFE) 12b. KIND INDUSTRY	OF BUSINESS OR Y
AND 212	130. M	JAL RESIDENCE (IF NURSING HOME C STATE 136. COU aryland —		13c. CITY OR		13d. INSIDE CITY LIMITS:	3040		code rison Ave	e. 21215
withi withing d 2 si	14. F	ATHER'S NAME	MIDDLE	LAS	,	15. MOTHER'S MAIDEN		AIDDLE	4	AST
MA uted w		James			ris	Robena			Cha	ance
BALTIMORE, cote be execu	1		RMED FORCES? INE WAR OR DATES)	Section 1	SECURITY NO.	17 INFORMANT		ADDRESS		
tr. Pe	-	YES			0-6808	Gloria Har	ris 3040	W. Gar		
, 8A		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	nly one cause per ED BY:			CANCER	hom m	177 6	BETWEEN	NONSET AND DEATH
L ST.		IMMEDIA	ATE CAUSE (o)	1010	CVE	CI/IVCEI-	11617511	// C	- b	Hours
he death or tenote ortendin motion, or		Conditions if now which	DUE TO, OF	R AS A CONS	EOUENCE OF					
PRE of the other motive response		Conditions, if any, which gove rise to immediate	(b)	- 100				- 11		
W. by the service of the other		couse (a), stating the underlying couse lost.	DUE TO, OR	R AS A CONS	SEOUENCE OF					
201 res the		PART 2. OTHER SIGNIFICANT	CONDITIONS CO	NTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TE	ERMINAL DISEASE O	R CONDITIO	N GIVEN IN PART 1	io
RDS, n sign Then to b	NO	SPINAL	CORD		ARALY	SUS ANETT				
D w prior	CERTIFICATION	190 DATE OF OPERATION	19h CONDI	TION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPS	Y? 20b.	IF YES, WERE FIND	INGS USED
At R loon.	TE						YES N	10	YES	NO [
VITA hysicin icote ronsid Hygi		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	- 110110 44		DAY YEAR	21c HOW INJURY OCC	URRED (ENTER NATUR	E OF INJURY IN IT	EM 18 PART 1 OR PART 2)	
SICIA 19 p Certificial	18	(IF EITHER NOTIFY MEDICAL EXAMINE	CALLY .		19	Section 2.50				
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The law requir rentending physician. ther this certificate has been sign of sub-buriolitrons it permit. Then the and Mental Hygiene permit. Then ond Mental Hygiene permit rob orked or them 18 shows ony injury	MEDICAL	21d INJURY OCCURRED	21e PLACE (FFICE FARM, ETC)	211 LOCATION STREET	c	ITY OR TOWN	COUNTY	STATE
DIVISI Or other or other After the se os the solth ond morked		AT WORK AT WORK				1 1/2	er p	11 - 1 -		
S S S S S S S S S S S S S S S S S S S		22a I certify that (I) (4his hasp saw the deceased alive a	4-1	deceased f	1-1	nd that in (my) (our) apini	6 , to	TO JEW		, that (I) (we) last
DR ATTER hospito iRECTOI shed for ept of H		obove, (I) (we) (did) (did n	ot) view the body	after death.		DEGREE	on dealh occurred a	n the dote on		
0 = 7 = 4		LIB SIGNATURE	Ch				MEDICAL DIRECTOR []	STAFF	P/-	29/C
by the by	+	224. PHYSICIAN'S NAME (TYPE	OR PRINT)			PHYSICIAN 22e ADDRESS	DIRECTOR	PHYSICIAN [- 176
TO HOSPITAL Of retoined by the TO FUNERAL D should be should be with the State D IMPORTANT. If		GARY CO	HEN P	10.		711 W.	4075 37		4:CTO /11	P 2/2/
BP		BURIAL, CREMATION, REMOVA	236. DATE 9/2/8	6		n Cemetery			Co, 'Md'	STATE
DHMH - 16 60M 7/84		UNERAL DIRECTOR	man Hart	12000	RINA bash	750. E	DATE REC'D. BY REG	ISTRAR 255 R	EGISTRAR'S SIGNA	TURE
(VRA 15, 4)	1,	arch Funeral Ho	mes-west	4300	Manasii	Avenue S	FP 2 198	16 July	a Davidson-1	hilan



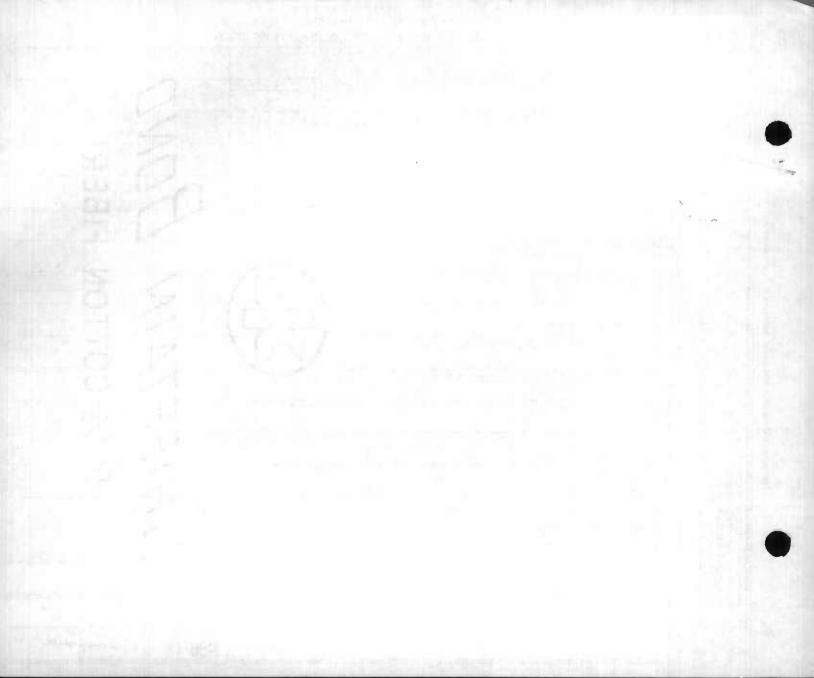
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN XX MONTH (TYPE OR PRINT) ESTI-DEATH MATED Martha Harris 8-2 19 86 Ella 4 RACE DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS. DATE LAST BIRTHDAY PRONOUNCED 10 86 DEAD 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U.s.a. DIVORCED Baltimore City ID CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Public Health OR INDUSTRY Hospital Baltimore Johns Hopkins Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE REFORE ADMISSION 13b COUNTY 13d. INSIDE CITY LIMITS? 2521 E. Robb Street 21218 Baltimore Maryland 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE MIDDLE Samuel Barbour Price Emma Barbour 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT 21201 (YES, NO, OR UNKNOWN) (IF YES GIVE WAR OR DATES) Vincent C. Harris 1111 Park Avenue Apt. 215245868 Unk. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Gunshot Wound of Head with complications (handqun) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 10 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WATHING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CHI FOE **UNERAL DIRECTOR**: PAGE 3 SHOULD BE US AFIER DEATH, WITH THE STATE DEPARTMENTO BALTIMORE, MARYLAND, 21201 PRIJAR DELIRI YES X NO T 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR XX MONTH DAY YEAR UNDERLYING DOR subject shot herself 7-12 1086 CONTRIBUTING CAUSE OF DEATH 1 20 P.M. 21e PLACE OF INJURY (ATHOME, II LOCATION STREET, FACTORY, FARM, ETC.) AT WORK NOT WHILE 2521 Robb St., Baltimore, Maryland AT WORK Home X 220 I certify that Ltaak charge of the remains described above, held on Autopsy Inspection Natural causes Hamicide ___ Undetermined manner Assistant MEDICAL EXAMINER EXAMINER'S NAME 111 Penn St., Baltimore, Md. Dennis F. Smyth, M.D. 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY STATE Buria1 Arbutus 8/7/86 Arbutus Md. D7/84 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE WM. C. March F/H Inc. 1101 E. North Avenue **DHMH - 17** www. anvidoor-yandesse (VR A15 ME (5))



										ARYLAN				A A		C	a éra	
00-	15695	1-	FOR STATE							I AND ME	Q			2 2	they	U	3	
0 0	10000		REGISTRAR			WED		EXAMIN	VER'S	CERTIFIC	ATEO	F DEA		REG. N				
			CEASED NAM	E FIRST	-1		MIDDLE			LAST			20. DATE OF	KNOWN :	MONTH	DAY	YEAR	26. HOUR
	SES. EES.			TEQUI	NIRA		٩.		Pr	ince	LARR	13		MATED	□ 8 -	15	1986	M
	DE SE	3. SE)		4. RACE	S DATE OF		-YEAR	6 AGE (IN Y			IF UNDER		20 DATE		MÖNTH	DAY	YEAR	3:15
	MRY FLASE DIPECTOR. CUR FILES. TZ HOURS ON STREET,	FE	MALE	BLACK	OCT.	12	86		RS.	DATS	HOURS	MIN	DEAD		8-	15	1986	a. M
_	NA TEN			TATE OR	76 CITIZEN		AT COUN	TRY?	8. MARR	IED NEV	FD MADDI	ED TY	9. BALTIM	ORE CITY	OR COUN	TY OF D	EATH	
	高品のを表	,,,	MARYL	AND	U	SA			WIDOW		DIVORCE	-	Bal	timor	e Cit	v.		AAD
	NEW E	10 CI	TY OR TOWN	OF DEATH					E, OR OTH	ER INSTITUT	ION				YPE OF WORK		D OF BUS	
V	308EC	P	altimo	re				it Ave	nue			FOR M	OST OF WOR	KING LIFE)		OR	INDUSTR	Y
-	255985	JSU/	L RESIDENCE	(IF IN NURSING HOME O	R OTHER INSTIT		E RESIDENCE	BEFORE ADMISS		t		1						
120	33550	130. S	ARYTAI	13b COUN	IY	-		ORTOWN	क	13d. INSIDE (IT	NO [544	ET ADDRE		T AV	C 573	1010	
9	- ANN -	-	THER'S NAME				IBAI	TIMOF	, Pt.	15. MOTHER			BEA	TOMON	Y AV	E Z	1212	
2	E-2503		FIRST		MIDDLE	701	DING	LAST		FIR	RST		M	IDDLE			AST	
90	22530	160 V	CEASA!	DEVER IN U.S. ARA	AED FORCE		RINC	CIAL SECURI	IY NO.	CHE!				ADDRES	HARR	IS_		
NE.	### S85	(Y	ES, NO, OR UNKNO	OWN) (IF YES, GIVE			100.50	CIALDECOM			RRY	HARR	TS 5		BEAUM	ONT	212	12
1	B. GIN WITH T. PAC DIVIS									1 01.2.					723-101		PROXIMATE	
ST.			PART I DE	F DEATH (Enter onl	y ane couse) BY:	per line t			-1-42									AND DEATH
PRESTON ST.	IN 24 HOU IN ITEM 18 R ALONG ISIT PERMI HYGIENE, MOVAL.	7	800	IMMEDIAT	E CAUSE (o			Ke Inha		on							10.00	_
EST	WHY AND		Condition	ns, if any, which	DUE	10, OK /	AS A COI	NZEGUENCE	OF									
<u>a.</u>	MAN TAL		gave ri	se to immediate	(b	-												
w.	UTED WITHIN PENCIL IN PENCIL IN PENCIL IN	177	lying cau	stoting the <u>under</u> use last.	DUE	TO, OR	AS A CON	SEQUENCE	OF									
5, 26	DE A SE				(c													
DIVISION OF VITAL RECORDS, 201	UID BE EXECUTED WITHIN 24 PENDING" IN PENCIL IN ITEA FENDING" IN PENCIL IN ITEA FLON ED AS A BURIAL - TRANSIT PER PEATH AND MENTAL HYGEIR AL, CREMATION, OR REMOVAL	7	PART 2 OTNER SI	GHIFICANT CONDITIONS	CONTRIBUTING	TO DEATH B	UT NOT REL	ATED TO THE TER	MINAL DISEAS	E OR CONDITION	GIVEN IN PAI	RT 1 (a).						
ECO	MED BE ARED AS A CRE/	CERTIFICATION																
2	SHOULD ORD "PE CHIEF A CHIEF A E USED / T OF HE/ URIAL, C	KA	190 DATE OF	OPERATION	19b.	CONDIT	ION FOR	WHICH OPE	RATION W	AS PERFORA	AED?					20 AL	UTOPSY?	
ZIV.	X 8 2 3 5 7	1 1															ES 💢	NO 🗆
Ö	A SEE SEE		UNDERIVING	CAUSE WAS	HO	TIME OF	MONTH	DAY YEA	R 21c. H	OW INJURY	OCCURRE	DIENTERN	ATURE OF IN	JURY IN ITEM 1	B PART 1 OR PA	ART 2)	100	
NO	A A STATE	MEDICAL	CONTRIBUTI	NG CAUSE OF D				15 1986		oject :	recov	rered	fron	n hous	se fir	ce		
VISI	PR PR	E I	21d INJURY C		67		ORY, FARM, E	(AT HOME,		CATION			CITY OR TO	WN	co	YINUC		STATE
٥	WRI WRI	1	AT WORK	NOT WHILE	X		ome		54	4 Beau	mont	Aver					yland	
	MER: THIS CRITIFICATE SHOULD CATE, WRITING THE WORD." PER FORWARDED TO THE CHIEF M. OR: PAGE 3 SHOULD BE USED A OR: STATE DEPARTMENT OF HEAD AND, 21201 PRIOR TO BURIAL, C.		220 Leesti	fy that I took charg	e of the rem	ains desc	ribed abo	ive held on	Autap	sy X,	Inspection		Inquiry		and in my of	ninion		
	高 り欠り元ミ		death result	0	al couses	1	Adident	For-	vicide	, Hamici			rmined me		ond in my of	Dillion		
			deam resum	V 0		17	7	1.0	7	WILLE (SP		Ondere	mined me	Jiller [,			
	世界自己工		ACTUAL SIGNATURE	100111	, No	1/	Drie	86	Mu.	1 1-	stant	h			DATE	8-	15-8	6
	NERAL NORE NORE	1	SIGNATURE.	0000			1		~	11001	- Cuii	- MEDI	CALEXAN	MINEK	SIGNE	EU	1.0	
	TO MEDICAL I EXECUTE THE C PAGE 4 SHOU TO FUNERAL AFTER DEATH, BARTIMORE, N		EXAMINER'S (TYPE OR PRII	NAME Denn	is F.	Smy	thyl	A.D.		ADDRESS 1	11 Pe	enn S	st., 1	Balti	more,	Md.	21:	201
	DAY OF A	23a.B	JRIAL, CREMA	TION, REMOVAL 2						R CREMATO		123d LO	CATION					
07/84	BP	(5	BURIAL		8-20	-86	V			TAT/F		CITAC	RTOWN		cou	NTY	M. A	TE
25M			INERALDIREC		1	-		TIACA IN	EWUR	A / F	So. DATE R	The state of the s	REGISTRA	R 25b REC	GISTRAR'S S	SIGNATU	JRE	•
	DHMH - 17 (VR A15 ME (5))	1	Zona	Tulon.	111	ADDRESS	(0	NGI	0,01	101	ALIC	10	1000		Sevido	North .	ndalle	
	(- 10 LIA IANT (A))	_1	COO	TUNCED	LI	MILE	00	m	105	- PCI	AUD	10	1300	1				

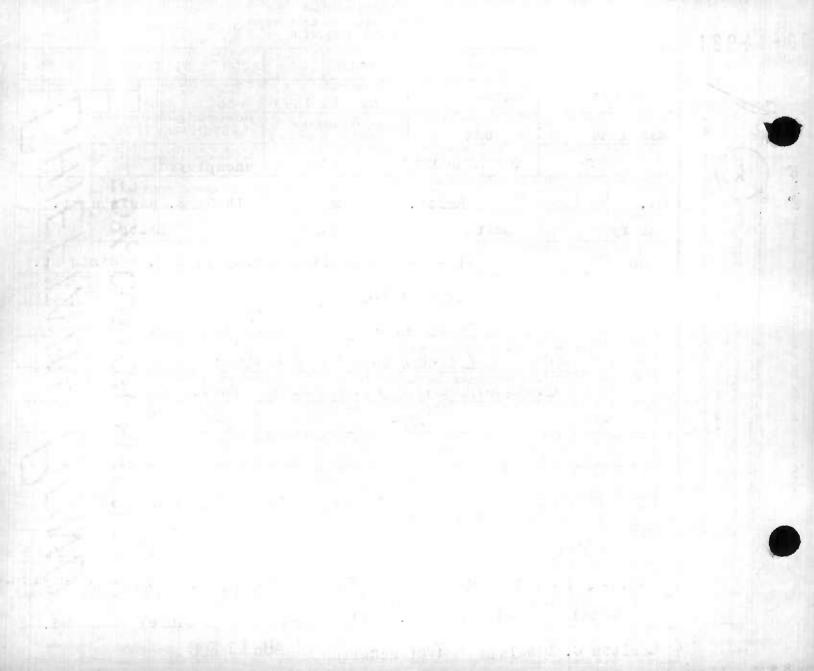
THE PASSED AND SERVICE OF THE PASSED AND THE PASSED

			FOR		STAT	TE OF MA		YGIENE	000	0.7	6
11-	16360	1-	STATE REGISTRAR		DICAL EXAMIN			FDEATH	REG. NO.	, ,	
0 0	10303	1. DE	CEASED NAME FIRST		MIDDLE	LAS		20 DATE	E KNOWN M	ONTH DAY	YEAR 26 HOUR
	200221	(179	Walte	r (Harri	s .lr	OF.	ESIL	8/ 19/19	9 86 A
	PLEAS FOTOS FILE STREE	1.5Đ	4 RACE	S. DATE OF BIRTH	YEAR LAST BIRTHDA		R 1 YR. IF UNDER 2	MIN. PRONO		NTH DAY	YEAR 24 HOUR
	DIRECTOR STATE	M	Black	7 22	34 52 YR		7,000	DE	AD :	-	9 86 P M
-	SE S		RTHPLACE (STATE OR REIGN COUNTRY)	76 CITIZEN OF WE			NEVER MARRIE	DL	IMORE CITY OR CO		ATH
	25003	10 CI	Md.	USA 11 NAME OF HOS	PITAL, NURSING HOME	WIDOWED			Itimore C		MD OF BUSINESS
2	S Market	10		(IF NOT IN SUCH FA	CILITY, GIVE STREET ADDRESS)			FOR MOST OF W		OR II	truction
-	AND		Baltimore L RESIDENCE (IF IN NURSING HOME)	OR OTHER INSTITUTION, GA	and General VE RESIDENCE BEFORE ADMISSIO	(NC					ci ac c i o ii
2120	S S S S S S S S S S S S S S S S S S S	13a S	Md. 136 COUN	ITY	Balto.		THES INSTRUCTION IN INC.	1100 N.	Woodyear	St.	21217
MG.	# NO. N. A.	14. FA	THER'S NAME	MIDDLE			MOTHER'S MAIDE		MIDDLE	LA:	
88	224 31		Walter (larris, Sr.		Olivia		Br	own	31
IMO	SS C SS C		VAS DECEASED EVER IN U.S. AR	MED FORCES? WAR OR DATES]	166 SOCIAL SECURITY		INFORMANT		ADDRESS		
BALT	PAGE VISIO		No		219-30-387	6	Olivia Ba	asket	1100 W	oodyear	
- 1	MAT. WILL		18 CAUSE OF DEATH (Enter or PART I DEATH WAS CAUSE	DRY			764				ROXIMATE INTERVAL EN ONSET AND DEATH
NO	PER PER VAL			TE CAUSE (a)	Arterioscle		Cardiovas	scular D	isease		
RESTON ST	EMO AND	9-	Canditians, if any, which		AS A CONSEQUENCE (JF				74-	
N. 9	SAN		gave rise to immediate cause (a) stating the under-		AS A CONSEQUENCE O	DF.	1000				
102	D. N. O. N.	38	lying cause lost.	(0)							
0.0	ANG		PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	INAL DISEASE OF	CONDITION GIVEN IN PAR	T I (a)			
9	ALCO DE	No.	Pancreatic C	arcinoma							
2	SAL CALL	2	190. DATE OF OPERATION	196 CONDIT	TION FOR WHICH OPER	ATION WAS	PERFORMED?			20 AU	TOPSY?
AL A		E									S X NO
DIVISION OF VITAL	A HE WELL	MEDICAL CERTIFICATION	210. EXTERNAL CAUSE WAS	HOUR A.M	INJURY L. MONTH DAY YEAR		/ INJURY OCCURRED	(ENTER NATURE OF	INJURY IN ITEM 18 PART I	OR PART 2)	
NO.	CERTIFICATE TITING THE W DED TO THE E 3 SHOULD I DEPARTMEN	NCA NCA	CONTRIBUTING CAUSE OF		DE INJURY (AT HOME,	211 LOCA	TION			36/	
N.	RITIN RETIIN SDED SE 3 S	ME	WHILE NOT WHILE AT WORK		TORY, FARM ETC.)	STRE		CITY OR	NWOT	COUNTY	STATE
	WER: THIS CERTIFICATE SINGLE: WRITING THE WOLD CONTROLL THE CORWARDED TO THE CORP. AND THE CORP. AND, 21201 PRIOR TO BUTTON TO THE CORP. AND, 21201 PRIOR TO BUTTON TO THE CORP.						তি				
	AND		220 I certify that I took char				Inspection			ту оріпіап	
	REC BEC		death resulted from: Noty	rol couses X	Accident , Sui	icide	Hamicide .	Undetermined	manner,		
	H. WAY		ACTUAL SIGNATURE	-X V		M D	Assistan	- MEDICALEY	D D	ATE 8	/21/86
	SEAT SEAT OF S		1	1				MEDICAL EX	AMILIAEK 5	GNED	
	TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P	-	EXAMINER'S NAME (TYPE OR PRINT) Gr	egory R. I	Kauffman, M.	D. AD	DRESS	111 Pen			
	BATARA	230.B	URIAL, CREMATION, REMOVAL		23c. NAME OF CEA			23d LOCATION	1	COUNTY	STATE
07/84 25M	BP		Burial UNERAL DIRECTOR	8/23/86	Mt. Aub	ourn Co		Balti	more, Md.	P'S SIGNATURE	DE
20111	DHMH - 17	24 1	NAME	ADDRESS					RAR 256 REGISTRA		
	(VR A15 ME (5))		Wm C March F/H	west 4	300 Wabash	Ave.	AUG	66 6 6	U		





-14921	1-	FOR STATE REGISTRAR		STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HYP CERTIFICATE OF DEATH	REG. NO.	408
e pe		OR PRINT) ALICE	WIDDLE	HARVEY	AUGUST 8, 198	6 2b HOUR 6:00 P
	3. SE	Female	Black	S. DATE OF BIRTH NOV. 14 1899		IF UNDER 1 YEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN.
nerol d		RTHPLACE (STATE OR FOREIGN COUNTRY) aryland	76 CITIZEN OF WHAT COUNT	RY? 8. MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY	
		TY OR TOWN OF DEATH		RSING HOME OR OTHER INSTITUTION THEEL APPRESS! HOSPITAL	12d USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE Unemployed)	12b. KIND OF BUSINESS OR INDUSTRY
hin 2. sko te sko te sko te	13a. S	AL RESIDENCE (IF NURSING HOME OR 13b. COUN 13b. COUN 13b. COUN 15b. COUNT 1		TOWN 136 INSIDE CITY LIMITS?	130.STREET ADDRESS / ZIP CODE 1400m E. Mac	
omplete and ? examir		Harry	Smith LAST	Annië	MIDDLE Smit	ch LAST
n and co		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	FILLER OR BUTECO	SECURITY NO. 17 INFORMANT 0-3527 William Ha	arvey 1400 E. M	Madison St.
physicio physicio phopers smovol.		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ily one couse per line for (o), (b D BY: TE CAUSE (o) Caval	iornimonary Arry	ext	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 5 minutes
deoth cer ottending ove corbo ition, ar re		Conditions, if any, which	DUE TO, OR AS A CONSE	EQUENCE OF backen	ial pheumonia	2 weeks.
that the d by the ease rem ol, crema		gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSE	bro Vascular acci	dent	2 weeks.
requires an signed. Then pl in jury, c	NOI	previous de	conditions contributing erebro vescular ac	codeath BUT NOT RELATED TO THE TERM	n, parkinson's c	disease.
the low ion. In the permit it permit it permit in a prior only in a permit in	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WE	NA WAS PERFORMED		WERE FINDINGS USED YING CAUSES OF DEATH? NO
HYSICIAN: The ding physicio is certificate buriol-tronst Mentol Hygie or Hear 18 sho		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	ART 1 OR PART 2)
IG PHYSICIAN offending ph for this certific s the buriol-fr ond Mentol I	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	PICE, FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENDIN ospitol or ECTOR: Af d for use o d for use on 1. of Health m 21 is mo		22a I certify that (I) (this hospi sow the deceased alive an above (I) (we) (did) (did no			deoth occurred on the date and hour	9_\$C, that (I) (we) lost and from the causes stated
the horner to DIRI		226. SIGNATURE Tour	Los MO		MEDICAL STAFF DIRECTOR PHYSICIAN	8/8/86
TO HOSPITAL retained by 11 TO FUNERAL should be det with the Store		Brian Li	TT MD	500 North W	olfest, Johns Hopkin	S Hesp. Balto, MD 2
BP		BURIAL, CREMATION, REMOVAL BURIAL	8-14-86	Md. Nat'l Park	234 LOCATION CITY OR TOWN Laurel	COUNTY STATE
DHMH - 16 60M 7/84 (VRA 15, 4)		uneral director Carlton C. Do	uglass 17		TE REC'D. BY REGISTRAR 25b. REGISTR	





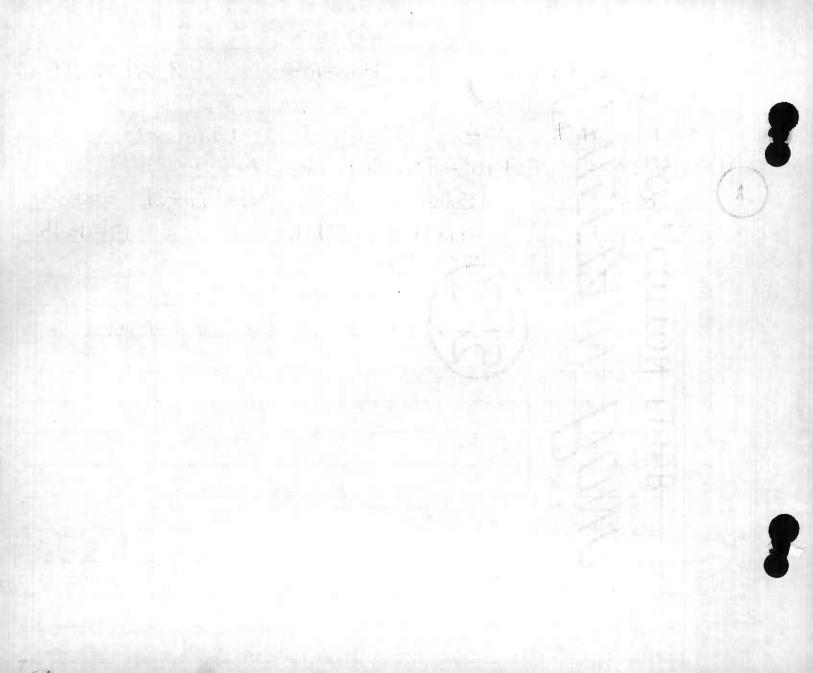
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFIC REGISTRAR 1. DECEASED NAME 20 DATE KNOWNXX MONTH 7h HOUR (TYPE OR PRINT) OF ESTI-CORA HASKINS DEATH MATED 23 1986 6 HOUR 4. RACE DATE OF BIRTH & AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2c DATE LAST BIRTHDAY) PRONOUNCED 11/7/02 83 DEAD 1986 Black Female Ta BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Virginia USA Blatimore City WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 128 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY Baltimore 506 Bridgeview Road USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 13b COUNTY 13E CITY OR TOWN Baltimore 506 Bridgeview Rd; 21225 Md. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST Love Daniel Georgia Elizah 16s. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO **ADDRESS** (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Howard Haskins 2440 Edmondson Ave. 218-26-1054 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease MENTAL HYGIEN N, OR REMOVAL DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF HEALTH AND MEI lying cause last. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10-CERTIFICATION USED / 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD "PPAGE 4 SHOULD BE FORWARDED TO THE CHIEF. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE FOR PAFIER DEATH, WITH THE STATE DEPARTMENT OF HE BATTIR OF THE WARYLAND, 21201 PRIOR TO BURIAL, NO KY YES [210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21d. INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC) STREET CITY OR TOWN COUNTY WHILE AT WORK Inspection XX 270. I certify that I taak charge of the remains described above, held an and in my apinian death resulted from Natural causes Accident Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 8-24-86 SIGNATURE EXAMINER'S NAME Charles P. Kokes, M.D. 111 Penn St., Balto., (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 231. NAME OF CEMETERY OR CREMATORY 23d LOCATION Md. STATE Laurel Md. Nat. Park 8/28/86 Burial 07/84 BP 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATUR 25M 24 FUNERAL DIRECTOR **DHMH - 17** Chas.A.Rice FSPA 1300 Eutaw Place (VR A15 ME (5))

1 8 F5

FIG. Dr. Low Light

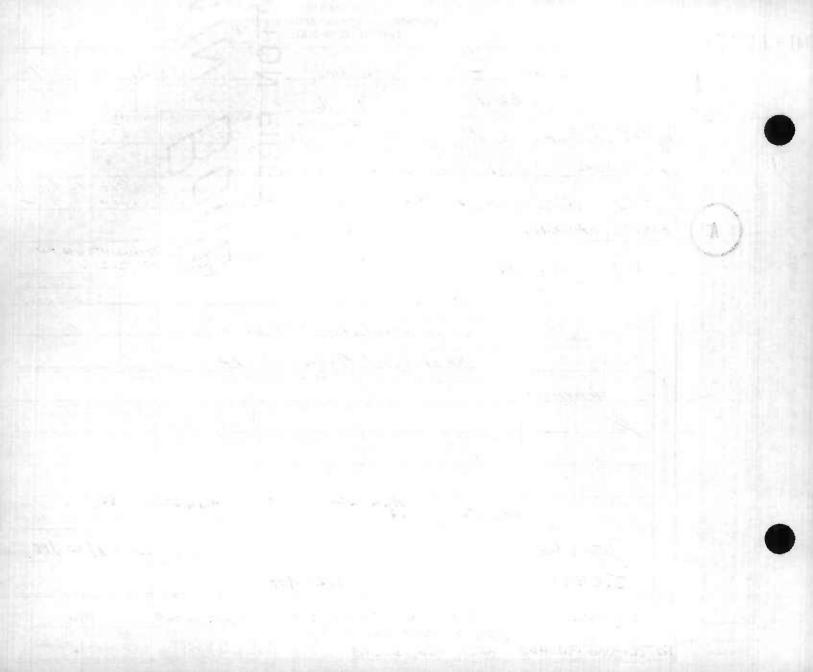
rear oscier die com joy meular issa e

TALL SALES consects multipletinum that rect acbe office your sangels about some ... years



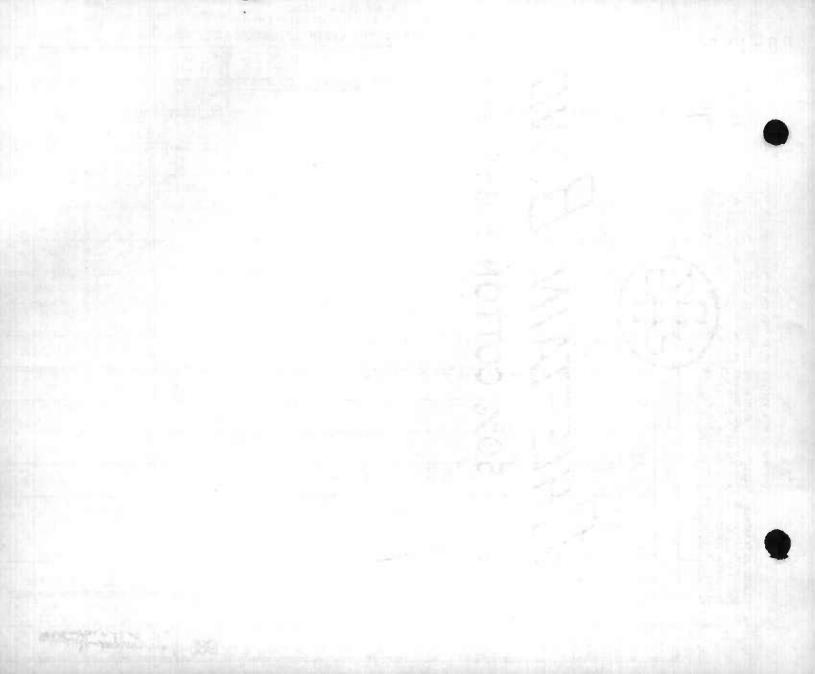
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO DECEASED NAME 20 DATE OF DEATH MONTH 2b HOUR Richard 6 AGE (IN YEARS LAST BIRTHDAY) Mole YEAR black 07 A BIRTHPLACE STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED MEVER MARRIED CASTELEHANE Boldimore NORTH CAROUNA DIVORCED Q CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 30 Stimore USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130 STREET ADDRESS / ZIP CODE 9/6 136. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Bottmore Boltimore NO [4. FATHER'S NAME 15ABELL MIDDLE 17. INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO KATHERINE PINKNEY 9/6 N. FRANKLINTOWN AD BALT. MD 212/6 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY: Sepsis 5 MITE IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF large socral decubitis ulcer Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS CONSEQUENCE OF underlying couse lost. mmobility PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG 90 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 20e AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES NO [710 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTHEY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from Aug sow the deceased alive on AUG 22 abave, (1) (we) (did) (did not) view the bady after death , and that in (my) (our) opinion deoth accurred an the date and haur and from the couses stated 22b. SIGNATURE DEGREE 22¢ DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN S NAME (TYPE OF PRINT) 22e ADDRESS J. CHA LRVAH. 230 BURIAL, CREMATION, REMOVAL 236, DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN 86 GARRISON FOREST VET. BURIAL BALTIMORE MD. GWYNNS FALLS PRY 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 NUTTER HONS FUN. HOME MO

(VRA 15, 4)



		1	FOR		DEPARTM		F MARYLAND LTH AND MENTA	PHACIENE	0 0	3 1	4
00-	81658	1-	STATE REGISTRAR			XAMINER'		OF DEATH	REG. NO		4
			CEASED NAME FIRST		MIDDLE		LAST	2a D/	ATE KNOWN		YEAR 26 HOU
	OR. URS URS REET,		JUNIO		Juni		HAYES	DE	ATH MATED X	0 10	1986
1	S NEGES ARY HEASE FUNERAL DIRACIOR. E S FOR YOU VILES. D. WITHIN TO VILES. W. PRESTON STREET,	3. SE	er la	S DATE OF BIRTH	YEAR 1910		ONTHS DAYS HOURS		OATE OUNCED DEAD	8 18	19 86 9:3
3	PREST	70 B	RTHPLACE (STATE OR PREIGN COUNTRY)	76 CITIZEN OF W	HAT COUNT	- M	ARRIED NEVER MA	ARRIED 🖊	LTIMORE CITY O	-	
	THE FUN AGE 5 F	10 C	TY OR TOWN OF DEATH	11 NAME OF HOS	SPITAL NURS		OWED DIVO		Baltimor		MIND OF BUSINESS
	PAGE FILE		Baltimore	11 W. 20	th St	EET ADDRESS)		FOR MOST O	WORKING LIKE)		OR INDUSTRY
.21201	F ANY DELAY IS N AND 3 TO THE FU RETAIN PAGE 5 HOULD BE FILED, RECORDS 201 W,		TATE 112 6 136 COUL		13c CITY C		13d. INSIDE CITY LIMITS		DDRESS 20%	7/54	8
BALTIMORE, MD. 21201	A STATE OF THE STA		ATHER'S NAME RIRST RUSUS	WIDDLE	HÄ	yes	15 MOTHER'S MA	4 4 h ie	ANDDE Z < AT	hers	LAST
TIMO	A SEE SEE	160. \	VAS DECEASED EVER IN U.S. AI	RMED FORCES? E WAR OR DATES)		AL SECURITY NO	17 INFORMANT		ADDRESS		4.2
BAL	S S S S S S S S S S S S S S S S S S S		In chief of Death &				22 Laluren C	huichill	5101	MOLEN	APPROXIMATE INTERVAL
ST.	Sagar.		18 CAUSE OF DEATH (Enter o PART I DEATH WAS CAUSE	ED. 614			diovascular	disassa		80	ETWEEN ONSET AND DEATH
TON	SEGEO.		IMMEDIA			EQUENCE OF	atovascurar	ulsease	-		
2 K	HE SET SET SET SET SET SET SET SET SET SE	-	Conditions, if any, which								
3	WAR BEN		cause (a) stating the <u>under</u> lying cause last.		AS A CONS	EQUENCE OF					
5, 20	KECUTE AL EX BURIAL AND A			(c)		*****				100-10	
ORD	ENDING IN REDICAL EX AS A BURIAL EATH AND CREMATION	z	PART 2 OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH	BUT NOT RELATE	O TO THE TERMINAL O	SEASE OR CONDITION GIVEN I	N PART 1 - a			E-45.00
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	SIAL,	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR W	HICH OPERATIO	N WAS PERFORMED?			20	AUTOPSY?
1 OF VII	THE OF TO BUT		210. EXTERNAL CAUSE WAS		F INJURY N. MONTH I	DAY YEAR 21	HOW INJURY OCCU	RRED (ENTER NATURE	OF INJURY IN ITEM 18 P	ART I OR PART 2)	YES NO 🔀
Sion	ERTIFIC ING TH ED TO 3 SHOU PRIOR	MEDICAL	CONTRIBUTING CAUSE OF		OF INJURY	19 (AT HOME, 211	LOCATION				
DIV	AAA AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	AE	WHILE NOT WHILE AT WORK	STREET, FAC	TORY, FARM, ETC		STREET	CITY	OR TOWN	COUNTY	STATE
	FORV TOR: FORV TOR: F		220. I certify that I taak char	/ . [7] /	, [1		7		d in my opinion	
	KAMM ERTIF D BE IREC MITH ARYL		death resulted from: New	urol causes A	Accident	Suicide	TITLE (SPECIFY	J. Undetermine	d manner,		
	K H H H H H H H H H H H H H H H H H H H		ACTUAL SIGNATURE	elle!	7)4	1	M.D. Assista		XAMINER	DATE SIGNED	3-19-86
	TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNEAL DIRECTOR: PAFTER DEATH, WITH THE STABALTIMORE, MARYLAND, 2	-	EXAMINER'S NAME (TYPE OR PRINT) Cha	rles P. Ko	okes, I	M.D.	ADDRESS111	L Penn St	., Balto	., MD	21201
	DAY DE B	23a.B	URIAL, CREMATION, REMOVAL	,			Y OR CREMATORY	23d. LOCATIO	DN NC	COUNTY	STATE
07/84 25M	BP	24 E	Cremation UNERAL DIRECTOR	8/26/8	6 L	ouclon		B et	Himore	TRAP'S EIGH	Tild.
	DHMH - 17 (VR A15 ME (5))	1	NAME 413h L RUSS	ADDRESS	12-	26 INN	A	U62919	86 Julia	Davidson	Hande M.

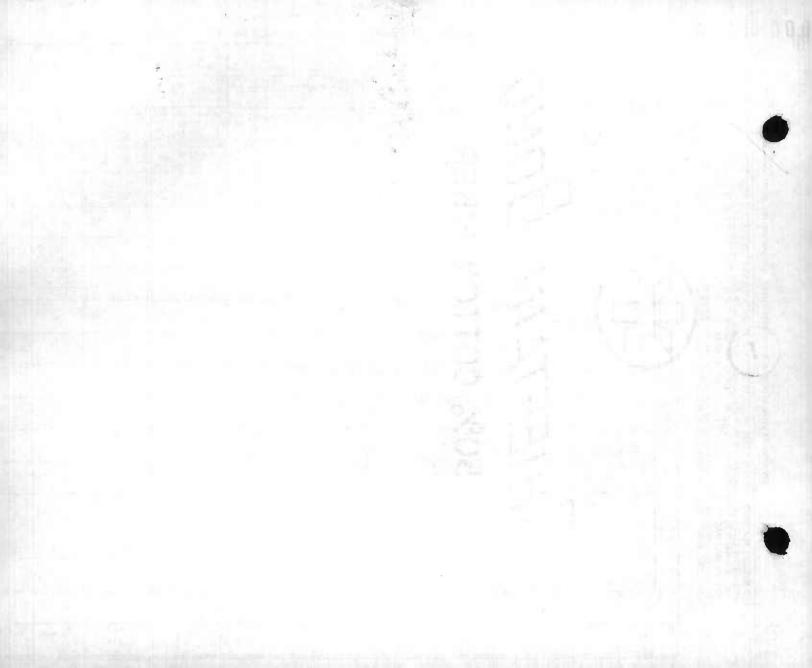
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN XX MONTH TYPE OR PRINTS William DEATH MATED Haywood 19 86 4 RACE 3 SEX 5. DATE OF BIRTH IF UNDER 24 HR DATE :38 LAST BIRTHDAY PRONOUNCED 19 86 DEAD Male Black 27. 1928 p. M A RIRTHPLACE ISTATE OF 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY Baltimore City, S. Carolina WIDOWED -DIVORCED IN CITY OR TOWN OF DEATH II NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS Baltimore Francis Scott Kev Medical Center Producer B. M. SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 134 INSIDE CITY LIMITS? 136 STREET ADDRESS4911 Truesdale Avenue Ba STATE 13c CITY OR TOWN Maryland Baltimore NO Baltimore, Maryland 21206 YES X A FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDOLE James Haywood Alberta Connors 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT 4911 Truesdale Avenue Yes Korean 579-30-3720 Baltimore, Md. 21206 Janet M. Havwood 18 CAUSE OF DEATH (Enter only ane couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 DTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [NO XX ARDED TO IN-AGE 3 SHOULD B ATE DEPARTMEN 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME 21d INJURY OCCURRED 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE AT WORK STATE PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE I BALTIMORE, MARYLAND, 21201 Inspection X 22a. I certify that I took charge of the remains described above, held an Autopsy Natural causes Homicide Undetermined monner TITLE (SPECIFY) M Debuty Chiefmedical EXAMINER 8-8-86 SIGNATURE EXAMINER'S NA Ann M. Dixon, M.D. 111 Penn St., Balto., Md. 21201 TYPE OR PRINT 23a BURIAL, CREMATION, REMOVAL 23b. DATE 73c. NAME OF CEMETERY OR CREMATORY Burial 8/13/1986 Garrison Forest Veterans 07/B4 Baltimore, Maryland 25M 24 NUNEIPER ESTOSONS FUNERAL HOME. INC. 25a. DATE REC'D. BY REGISTRAR **DHMH - 17** 2501 GWYNNS FALLS PKWY. BALTIMORE, MD. 21216 (VR A15 ME (5))



					FOR	DEPARTA	STATE OF MARYLAND SENT OF HEALTH AND MENTAL HYG	SIENES 2 2 4	1 6	
6	0.2	0		1 -	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.		
U.	VDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be a lor ottending physician. R. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 as so she burial-transit permit. Then please remove corbanappers. Pages 1 and 2 should be filed within 72 hours after death bealth and Mental Hygiene prior to burial, cremotion, or removal.	13.50		EASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH DAY	YEAR 26 HOUR		
		6.75	(ITTE	THEL	MA	HEARN	AUGUST 29, 198			
	moy	. po	35	3. SE)		4 RACE	5. DATE OF BIRTH MONTH DAY YEAR		UNDER TYEAR IF UNDER 24 HRS	
,	9 9	200	50		1.	Б.	1 11 1912	74 YRS.		
	Po O	l dir	8 1	M. BI	THPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNTY O	FDEATH	
	leoth	in 73	8		Balto, Md.	u.s.A.	BALTIMORE CIT			
	ofter o	y the fu	13		LTIMORE	HE NOT IN SUCH FACILITY, GIVE STREET	G HOME OR OTHER INSTITUTION ADDRESS) PKINS HOSPITAL	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	176 KIND OF BUSINESS OR INDUSTRY	
120	ours	in b	- Pe	USU	L RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)	13e STREET ADDRESS / ZIP CODE	1	
ND 2	24 h	filled loyld	1	13a. S	Md.	NTY 13c. CITY OR TOW	YES NO [512 N. Glover	St. 21205	
MARYLAND	within		oxomin	14 FA	THER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA		ate	
	uted	CO	- No. 1	16a V	AS DECEASED EVER IN U.S. AR	RMED FORCES? 1166. SOCIAL SECU	RITY NO. 17 INFORMANT	ADDRESS	21205	
BALTIMORE	oe exec	Poges			ES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES!	047 Edward Hea	n 512 N. Glov	er St.	
BALT	ote	ysicio	t, the		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), on	dicil		BETWEEN ONSET AND DEATH	
2	rtific	du e	6 4			TE CAUSE (0) PESPIRATO	Li partials		24 hours	
S O	th ce	corb	otion, ar I rroumotic			DUE TO, OR AS A CONSEQUE			3 mos	
PRESTON ST	deo	offe	roun		Canditions, if ony, which gove rise to immediate	(16) lung me	tastases		3 m os	
₹	ot the	by the	other 1		couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE	ENCE OF		3mos	
201	es th	pleo	urial , ar		PART 2 OTHER SIGNIFICANT			MINAL DISEASE OR CONDITION GIVEN	IN PART 110	
RDS,	eduir	n sig	to b	NO.		NONE.				
0	WC II	bee mit.		E E	190. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED		WERE FINDINGS USED NG CAUSES OF DEATH?	
AL R	The Ic			CERTIFICATION	NONE.	NON	1.0	YES NO YES	NO	
=	hysic hysic	ficote			210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE	21b. TIME OF INJURY HOUR A.M. MONTH D.		RRED (ENTER NATURE OF INJURY IN ITEM 18 PAR	I OR PART 2}	
0	SICI/	cert	E e	CAL	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M.	19			
DIVISION OF VITAL RECORDS,				MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.)	CITY OR TOWN	COUNTY STATE	
5	NO	Afte os	marked	-	22a L certify that (I) (this hasp	pital) attended the deceased from_	August 28 19 510		that (I) (we) lost	
	ATTEND Spitol o	TOR	of He 21 is		saw the deceased alive or	n Avaust 29 19 ot) view the body ofter death.	8 ond that in (my) (our) opinion	deoth occurred on the date and hour o	and from the couses stated	
	0x =	DIREC	Dept.		77h SIGNADINE	/>//	DEGREE		22c. DATE SIGNED	
	AL O	AL D	State D		1 Cazel	1000		MEDICAL STAFF DIRECTOR PHYSICIAN	8129186	
	TO HOSPIT	FUNERAL	with the State		22d PHYSICIAN'S NAME (TYPE		MD (600 N. WO)	fe St. 21205 TH	H	
	O e	5 4	3 ₹	23a.	BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY	
	BF				Burial	9-3-86 K	ling Mem Park	Balton	Md.	
	DHM	H - 16	60M 7/B4	24 F	UNERAL DIRECTOR	ADDRESS	25a. DA	TE REC'D. BY REGISTRAR 256. REGISTR	Macon Mondallo	
		(VRA 1		1	S. A. MORTON	4 Jons 1701 La	urens SII	G		

AT THE I

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME KNOWN DO MONTH DAY FYEAR (TYPE OR PRINT) OF ESTI-DEATH MATED 8/ Katherine Heggie 6/ 19 86 4 RACE 5. DATE OF BIRTH 6. AGE IN YEARS . SEX IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE LAST BIRTHDAY PRONOUNCED 10 1930 55 DEAD 10 86 female black 76 CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OF 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! USA N.C. DIVORCED Baltimore City, ID CITY OR TOWN OF DEATH USUAL OCCUPATION (TYPE OF WORK 112b. KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! Unemployed 2000 O'Dell Ave. Baltimore USUAL RESIDENCE HE IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS | 13d. INSIDE CITY LIMITS? | 13e. STREET ADDRESS | 2000 Odell Avenue 21237 13c CITY OR TOWN 13a STATE 13h COUNTY Md Baltimore 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Rosie Flowers 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS IYES, NO, OR UNKNOWN) 241-44-5725 Mary Clark 2103 Lunhurst Avenue No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic Hypertensive Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g. CERTIFICATION Cervical Injury 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT CI YES T NO 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR MONTH DAY YEAR UNDERLYING TOOR 8/ 86 subject fell at home CONTRIBUTING CAUSE OF DEATH 6/ 10 21e PLACE OF INJURY (AT HOME 211 LOCATION TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 32 AFTER DEATH, WITH THE STATE DEF BALLIMORE, MARYLAND 21201 PE STREET, FACTORY, FARM, ETC.) WHILE AT WORK 2000 O'Dell Ave., Balto. City, Md. 22a. I certify that I taak charge aligne remains described above, held an Inquiry and in my apinian Accident X death resulted fram: Notural causes Suicide Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 8/7/86 SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. lll Penn St. TYPE OR PRINT 23a BURIAL, CREMATION, REMOVAL 23b DATE COUNTY Md 8/11/86 Baltimore National Baltimore Cem Burial 07/84 BP 25M 24. FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE **DHMH - 17** AUG 1 1 1986 March Funeral Home West 4300 Wabash Avenue (VR A15 ME (5))



FOR STATE STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENS
CERTIFICATE OF DEATH

5. 2

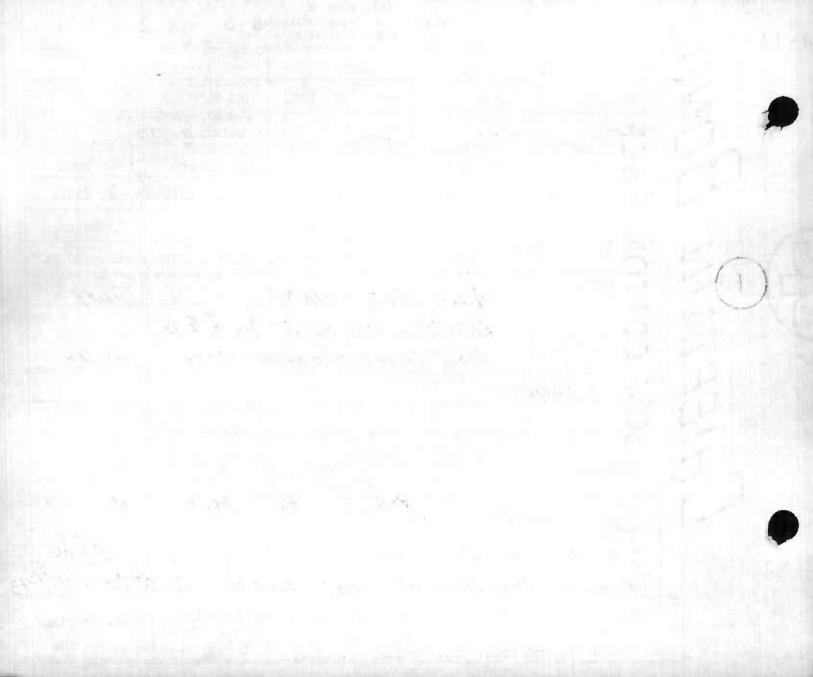
4 | 8

	REGISTRAR					REG. NO.			
	ECEASED NAME FIRST		MIDDLE	L	AST	20 DATE OF DEATH MONTH	H DAY YEA	2b. HC	OUR
LIAN	Margaret		W.	15	Heil	August	1, 1986		м
3. SE	EX	4 RACE		5 DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)			ER 24 HRS
	Female	Whit	e	Jän	15, 1901		YRS DA		MIN.
.70. B	BIRTHPLACE (STATE OF FOREIGN	16 CITIZEN OF	WHAT COUNT	RY? \$.	D NEWER MARRIES D	9 BALTIMORE CITY OR CO	UNTY OF DEATH		
	Maryland	U.S.A		WIDOWE		Baltimore			MD.
10 0	CITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NUI	RSING HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIN KING LIFE) INDUST	D OF BUSI	VESS OR
	Baltimore	3517	Denisc	on Roa	ad	Homemaker	Own	Home	
130	JAL RESIDENCE IIF NURSING HOME OF STATE Maryland 136 CQUI	NOTHER INSTITUTION.	130 CITY OR I	OWN Lmore	13d INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP	on Road,	2121	.5
14. F	ATHER'S NAME			100	15 MOTHER'S MAIDEN NA				
	William	MIDDLE	Welle	er	Mary	WIDDLE		Weltn	er
160	WAS DECEASED EVER IN U.S. AF		166 SOCIAL S		17 INFORMANT	ADDRESS	THE RAIL		100
	("NOO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	216-46	5-5608	Margaret H.	McEnroe, 823	l Burnle	y Rd.	@ 1204
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly ane cause per	line for (o), (b)	, ond jost			BETW	POXEMATE IN	TERVAL ND DEATH
		D BY: TE CAUSE (0)	ACHITS	CARTIL	7-MVOPRTHV		10	1911	
	IMMEDIA	TE CAUSE 101	1	-111 477	- Marine			1	
		DUE TO, O	BAST YSONS	OUENCE OF	SUB HEADT	- DIS. c CONS		·	
	Conditions, if ony, which gove rise to immediate	(b) L	TRIFIVE	SCHNO	MC MENTY	1713 - 16/00	_		
	cause (a), stating the	DUE TO, O	R AS A CONSE	QUENCE OF		/	7.0	1110	
	underlying cause last	(10)	YEARI	FAILUR	E HULMINGOI	ARY EDEATA	RO	YRS	
	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITIO	N GIVEN IN PAR	Tlro	
CERTIFICATION	DIABE	1ES-							
3	190 DATE OF OPERATION	196 COND	ITION FOR WH	HICH OPERATIO	N WAS PERFORMED		IF YES, WERE FIN		
Ĕ	No. A					YES T NOT	YES T	NO	
- 8	210. ACCIDENT WAS UNDERLYING	216 TIME C	F INJURY		21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN IT	EM 18 PART I OR PAR	(2)	
	OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.	M. MONTH	DAY YEAR					
2	(IF EITHER NOTIFY MEDICAL EXAMINE		M.	19					
MEDICAL	214 INJURY OCCURRED	21e PLACE	OF INJURY REET, FACTORY, OFF	FICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY		STATE
1	AT WORK NOT WHILE								
	220 I certify that (I) (this hosp	ital) attended th	e deceased fro	om IN	1946	_, to BLC	1986	, that (I)	(ye) last
	saw the legeased alive or obove (1) (we) (did) (did no	./1/./		124	nd that in (my) (our) opinion	death occurred on the date on	id hour and Irom	the causes	stoted
	obave (1) (we) (did) (did no	ot) view the bod	oftes death.		DEGREE		1224 D	ATE SIGNE	0
	HONOR	5. /1/1	100001	1 his	O ATTENDING	MEDICAL STAFF		0/1/8	6
-	226 PHYSICIAN'S NAME TTYPE	OR PRINT!	aux	1000	122e ADDRESS	DIRECTOR PHYSICIAN		11/0	2
	THOMAS E.	WHEE	LER	me.	2547 MELL	BARO -EHLI	con Ciri	1- m	5404
23a.	BURIAL, CREMATION, REMOVAL				EMETERY OR CREMATORY	23d LOCATION	COUNTY		STATE
	Burial	8-4-8	36	Draid I	Ridge Cemetery	Pikesville,	Balto.	Marvl	
24 F	FUNERAL DIRECTOR			1050		E REC'D. BY REGISTRAR 256 R			
R	uck Towson Fune:	ral Homo	ADDRE	TOWERS	York Rd. AUG	6 1986 Adia	Davidson	jandel	-
-	Tongon Fulle.	Lar none	, IIIC.	TOWSOIL	Ma. ZIZWATO	1000.		Paris .	

DHMH - 16 60M 7/84 (VRA 15, 4)

orked or Hem 18 shows ony

IMPORTANT.



Jan Barrier Margarita and Charles and Margarita

	1					OF MARYLAND	and the second			
00-1547	91	FOR STATE REGISTRAR				ALTH AND MENTAL HYGI ATE OF DEATH	B O REG. NO	2 2	4 2	0
4 may be may be may be utilized to the		CEASED NAME DEN	A RACE	MIDDLE H	DATE OF	DAY YEAR	20 DATE OF DEATH	MONTH DAY 3 - //- HDAY) IF U MON	PEAR B6 NDERTYEAR THS DAYS	26 HOUR ZOM
offer decky age	B	IRTHPLACE (STATE OR FOREKON COUNTRY) ALTIMORE ITY OR TOWN OF DEATH	US A		IDOWED		9 BALTIMO BALTIMO 12a USUAL OCCUPATIO 17 PF OF WORK FOR MOST O	RE CITY	12b. KIND OI INDUSTRY	MD. F BUSINESS OR
executed within 24 hours and competely filled in bages land should be the collect exeminer must be in	13a M 14 F	BENJAMIN WAS DECEASED EVER IN U.S. AR	WIDDIE	OVE RESIDENCE BEFORE ADA 13c. CITY OR TOWN BALTIMORE LAST DORENFEI 16b. SOCIAL SECURIT 214-14-87	LD YNO. I	36. INSIDE CITY LIMITS? YES XX NO S. MOTHER'S MAIDEN NAMERS! DORA 7. INFORMANT RS. RUTH STEE	ADDRE	OS LA.,	APT.	210 #212 TT
Ures had the dear definitions to the dear definitions to the dear definition on the dear definition of the dear dear definition definition describes and dear dear dear dear dear dear dear dea	Z	18 CAUSE OF DEATH IEnter on PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if any, which gove rise to immediate cause al, stating the underlying couse last. PART 2 OTHER SIGNIFICANT (D BY, TE CAUSE (a) DUE TO, OI (b) DUE TO, OI	ACC JA R AS A CONSEQUENC R AS A CONSEQUENC	CE OF	OT RELATED TO THE TERM	THE ST	DIN AC	4	WATE INTERVAL INSET AND DEATH
by the hospitol or ottending physician. ERAL DIRECTOR After this certificate has been see detected for use as the burial-transit permit. It is stated by the state of the burial hygiene process. The best of Health and Mental Hygiene process. It is marked or item 18 shows on milk. If them 21 is marked or item 18 shows on milk.	MEDICAL CERTIFICATION	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ALSE OF DEA (IE ETHER NOTICEY MEDICAL EXAMINER MILLS OF THE ALWORK NOTICE OF THE ALWORD NOTICE OF THE ALWORK NOTICE OF THE ALWORD NOTICE OF THE ALWORK NOTICE OF THE ALWORK NOTICE OF THE ALWORK	216. TIME O HOUR A P 21e. PLACE (AT HOME, STR 101) attended th	M. MONTH DAY M. OF INJURY REET, FACTORY, OFFICE, FARM Re declared from	YEAR 19 .EIC)	21c. HOW INJURY OCCURR RIF LOCATION STREET 19 86 that in (my) (our) opinion of GREE ATTENDING	CITY OR TO	te and hour ar	COUNTY	OF DEATH? NO STATE Shat (I) (we) lost couses stated
O HOSPITAL O HUREAL TO FUNERAL should be der with the State		B. 2A	wh	In, un		Leunssle	Gelia/ex	Gr	1586	26

DHMH - 16 60M 7/B4 (VRA 15, 4)

(SPECIFY) 8-12-86 BURIAL

230 BURIAL, CREMATION, REMOVAL

23C NAME OF CEMETERY OR CREMATORY BETH EL MEMORIAL PARK 23d LOCATION
CITY OR TOWN
RANDALLSTOWN

BALTO.

STATE

24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD., BALTO., MD 21215 256 DATE REC'D. BY REGISTRAR IN REGISTRAR AS THE AUGUST AND AUGUST



STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				CERTIF	ICATE OF D	EATH	REC	G. NO.			
	DECEASED NAME	FIRST	MI	DDIE		AST		20. DATE OF DEAT	H MONTH DA	Y YEAR	26. HOUR	
		lliam	Thoma	s	Hen	ry, Sr.		Central	-100 E.1	916.	101	
3. 3	SEX		RACE		5. DATE C		YEAR	6. AGE IN YEARS LAST BIRTHDAY) IF UNDER I				
Z)	Male	4.87D	W		_	0 24	20	65	YRS			
6 79	BIRTHPLACE (STATE OR	FOREIGN 76		HAT COUNTRY?	8 MARRIE	D NEVER M	ARRIED -		Y OR COUNTY C			
5 D	BIRTHPLACE (STATE OR COUNTRY) Md.		USA		WIDOWED DIVORCED			Baltimore, City,				
100	CITY OR TOWN OF DE	ATH 11		DSPITAL, NURSIN		OR OTHER INST	ITUTION	12a. USUAL OCCU	12b. KIND (OF BUSINESS		
The same of the sa	Baltimore			Samarita		pital		Supervi	Con	tainer		
5 13	SUAL RESIDENCE (IF NUR STATE Md.	136 COUNT		Baltimo		13d INSIDE CI	TY LIMITS?	13 STREET ADDRES	ss/zipcode neagle R	d.	21239	
14	FATHER'S NAME	MI	DDLE	LAST		15 MOTHER'S	MAIDEN NA	ME	IE.	LA	AST	
)		0. He						na E. Har				
160	WAS DECEASED EVER		WAR OR DATES)	66 SOCIAL SECL		17 INFORMAL			DDRESS			
	Yes	WW	II	212 07 1	1289	Mrs. M	larie M	. Henry	1646 Gle			
	18 CAUSE OF DEAT	H (Enter only	one couse per li	ne for lat (b), an	Par /	W		1 /2.	Xc.	BETWEEN	XIMATE INTERVAL	
	PARTI. DEATH	IMMEDIATE		acus	ce 11	pyw cu	racy	wyur	CI WU	- 6	Page	
			DUE TO, OR	AS A CONSEQU	ENGE OF	10.	6 10	mia				
	Conditions, if any		(4)	1/9	per	· ll /	gall	muc		gal	rs.	
	gove rise to im cause (a), stati	ng the	DUE TO OR	AS A CONSECT	ENCE OF					/		
	underlying cous	lost.	(ic)		March Coles							
١,	PART 2. OTHER SIG	NIFICANT CO	NDITIONS CON	NTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR	ONDITION GIVEN	V IN PART 1	10	
GERTIEICATION												
	190 DATE OF OPERA	TION	196 CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFO	RMED	200 AUTOPSY?	20b. IF YES, Y		INGS USED S OF DEATH?	
45				In Last Park		101 110111111		YES NO		_	NO 🗆	
200	OR CONTRIBUTING		21b. TIME OF HOUR A.M	MONTH D	AY YEAR	ZIE HOW IN.	JURY OCCURE	RED (ENTER NATURE OF	INJURY IN ITEM IB PAR	T I OR PART 2)		
7 2	(IF EITHER NOTIFY MED		P.M		19							
MEDICAL	21d INJURY OCCUP	HILE	21e PLACE O	F INJURY T FACTORY, OFFICE	FARM, ETC	211 LOCATIO	IN	CITY	DR TOWN	COUNTY	STAT	
	AT WORK AT WO	ORK -			Ann	177	00	Color	P 2012	86		
-0.0	22a I certify that (I saw the decease				1101		19/10	- 10 april	. 19	, , , ,	, that (I) (we)	
	obove, (I) (ase)	det (did not)	view the body o	fer de on			(aprinian (death accurred on t	he date and hour a			
	22b. SIGNATURE	200	ace	0	1	DEGREE A	TTENDING PHYSICIAN Z	MEDICAL DIRECTOR PH	STAFF YSICIAN []	g-	11-8	
	22d. PHYSICIAN'S N	AM TIME CO	Winds &			22e ADDRESS						
	Carlos	E. Ara	maga, M	.D.		1900	E. Nor	thern Pkv	y., 2123	9		
230	BURIAL, CREMATION	REMOVAL	23b. DATE			EMETERY OR C		23d LOCATION	/NI	1.01417		
	(SPECIFY Burial		8/14/8	6 I	Dulane	y Valle	ey .	Tin	Nonium, M	d.	Stati	
	FUNERAL DIRECTOR			40000		11196		E REC'D. BY REGIST	RAR 256 REGISTRA	AR'S SIGNA	TURE	
M	ITCHÉLL-WIE	DEFELD	HOME,	INC.	6500 Y	ork Rd.	AUD I	4 1986 1-	more door	- Aceloni	-	

DHMH - 16 60M 7/84 (VRA 15, 4)

The state of the s . Will a will out VICE THE REPORT OF THE PROPERTY OF THE PROPERT

				STATE OF MARYLAND	
		1	FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2 2	2 2
101	FORD		STATE REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
10-1	2730		CEASED NAME PROT	MIDDLE LAST 20 DATE KNOWN WONTH	DAY FYEAR 126 HOUR
		1394	is de monti	OF ESTI- A	ZE HOOK
9	高いは居田		Robert	N/3	9/ 1986 M
4	当日本 支援	D. SEX	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR LASI BIRTHDAY MONTHS! DAYS HOURS I MAN PRONOUNCED	DAY YEAR 24 HOUR 2:20
-of	2.2.5.3.c.s.	10	M M	MONTHS DAYS HOURS MIN PRONOUNCED	
Decen-	37×25/1	17n B	RIMPLACE (MATEON	76. CITIZEN OF WHA! COUNTRY? 8 9. BALTIMORE CITY OR COUNTY	71 00
	SER SERVICE		MEIGH COUNTRY	MARRIED NEVER MARRIED	
	95533	D	IARYLAND	USA WIDOWED DIVORCED Baltimore City	, MD.
	N WHEN	The Co	TY OR FOWN OF BEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION [18 NOT IN SUCH FACILITY, GIVE STREET ADDRESS] 120 USUAL OCCUPATION (TYPE OF WORK 1) FOR MOST OF WORKING LIFE)	KIND OF BUSINESS
04	はいままって	10	Baltimore /	University Hospital Shock Trauma PROUCE NT NYER	KNIEKE
10	80000	USUZ	and the second s	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	LY3/3/E/
20	29E286		TATE IN COUNT	7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 -	216/1
- 11	1 4 4 3 K	-	ND TALL	30 TIGHMAN IS, YES NO 1 P.O BOX 88 11	GHMAN
8	x ~ ~ ~ ~ ~ /	117	ATHER'S NAME	MIDDLE LAST FIRST MIDDLE	LAST
Mi Air	30-32	1	HENRY	HERBERT MARY KENN	FINY
9	0020	160.	WAS DECEASED EVER IN U.S. ARM		- 4 h n
Ē	Le 200 /	1	UNKNOWN) (IF YES GIVE W	TITE DE DIESTO DE L'ANDIE TIMORE L'ANDIE TIMORE	DX AB
3	65985	\vdash	IPS WW	IN 1880 08 4034 ELINDRE HENSELY TILGHI	MANY 15.
17	1		18 CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED	y ane cause per line for (a), (b), and (c).)	BETWEEN ONSET AND DEATH
	Themma			Gunshot Wound to Head	
ESTON	SECTION S			DUE TO, OR AS A CONSEQUENCE OF	
- 2	至二张安古高		Conditions, if ony, which		
-	FOREKER		gave rise to immediate	(b)	
	BEAT AS		lying couse last.	DUE TO, OR AS A CONSEQUENCE OF	
25	5.0000		A-SHARWARD SAND	(c)	
SQ	EARE 6 &		PART 2 OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to	1
9	SEN A SER	Z.	The second second		
100	98×440 7	ATION	14s DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
×	So Barra	1-3		THE CONDITION OF THE CONTROL OF THE	
>	200 MF 2 -	E	<u> </u>		YES NO X
6	ENE DEC	CERT	210. EXTERNAL CAUSE WAS	21b. TIME OF INJURY HOURS A. MONTH DAY YEAR 21t. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART	2)
×	SHOPPE	13	UNDERLYING XOR CONTRIBUTING CAUSE OF DE		
150	EN ON THE	MEDICAL	714 INJURY OCCURRED	21e PLACE OF INJURY (ATHOME. 211. LOCATION	
NO.	O THE STATE OF THE	差	WHILE NOT WHILE	STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUN	ITY STATE
	HAN AND THE	-	AT WORK AT WORK	Deatoon 11.0. Dox 20, III glinkill, Pat.	
	報子の表示の		22s. I certify that I took charge	of the remains described above, held an Autopsy . Inspection X. Inquiry . ond in my opin	non
	ZOESES		death resulted from: Noturo	ol courses	
	A DE LE LA		1000	7	
-	\$5050°		ACTUAL	TITLE (SPECIFY) DATE	010106
7	BEESEW +	1	SIGNATURE	M.D. Assistant MEDICAL EXAMINER SIGNED	8/9/86
	BH + NAO		EXAMINER'S NAME		
	¥095gg		(TYPE OR PRINT) Gre	gory R. Kauffman, M.D. ADDRESS 111 Penn St.	
	524544	Zla.B	URIAL, CREMATION, REMOVAL 23	b. DATE 231. NAME OF CEMETERY OR CREMATORY 23d. LOCATION	
00.0	pp.	10	MIDIAL	8-13-86 NEW CATHEBRAI BAITA	MATATE
07/84 25M	BP	76 1	UNERAL DIRECTOR	250. DATE REC'D, BY REGISTRAR 256 REGISTRAR'S SIC	ENIATURE .
	DHMH - 17	1	NAME	ADDRESS 531)	Banda
	(VR A15 ME (5))	M	EKEKTUNERAL	- MOME EDMONISON AVEAUG 12 100 SIMOLONICE	

MANUARY WASH PROMONTHER KAISE E THERET THENDON'S POBON DETILINADOR VENEZY VIOLET RESERVE HEXBERT THE HEAD VENEZULE START THE START OF STARTS OF THE STARTS THE REPORT OF THE PARTY OF THE FOR STATE

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGENE	
CEDTIEIC ATE OF DEATH	

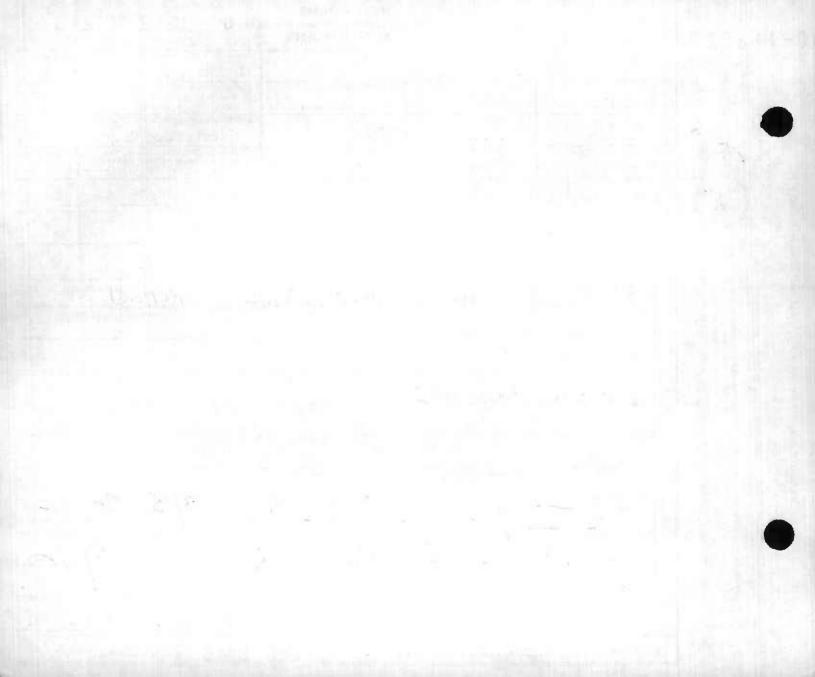
6

	REGISTRAR		CERTIFIC	ICAIL OI PLAIN	REG. NO).	. 11
П	I. DECEASED NAME FIRST	MIDDLE	L	AST	20. DATE OF DEATH	MONTH DAY YEAR	26 HOUR
	Ruth	Paula Hernand	lez		August 6,		12:13A
1	3. SEX	4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIRT	MONTHS DAY	
	Female	White	Nove	ember 28, 1923	62	YRS	
	70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	RY? 8	NEVER MARRIED	BALTIMORE CITY O		
	Germany	U.S.A.	WIDOWE	D DIVORCED		nore City	MD.
)	Baltimore	11. NAME OF HOSPITAL, NUR 1434 Union AV	SING HOME O	Apt C	120 USUAL OCCUPATION TO STORE THE OF WORK FOR MOST OF		of BUSINESS OR THE
5	USUAL RESIDENCE (IF NURSING HOME OR 13 Mary land 13b. COUN			A	1434 Union	ZIP CODE Avenue	21211
1	Sanford M.	Jones		Käthryn	E MIDDLE		LAST
	NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SE 216-16-		Eugenio Hern	andez	Same	
	7	DUE TO, OR AS A CONSECT (b) DUE TO, OR AS A CONSECT (c) CONDITIONS CONTRIBUTING T MALL 1 196. CONDITION FOR WHI	QUENCE OF	NOT RELATED TO THE TERMIN	NAL DISEASE OR CONE	20b. IF YES, WERE FINI	DINGS USED
	TIFE CONTRACTOR OF THE CONTRAC		191		YES NO	YES	NO 🗆
7	POLY IN THE CALL OF THE CALL O	21e PLACE OF INJURY (AT HOME STREET EACTORY, OFFICE	19 CE FARM, ETC.)	211 LOCATION STREET	CITY OR TO		STATE
	22a.I certify that (I) (the hospin saw the deceased alive on above (I) (2a) (dichrand	/11/	96. oh	DEGREE	MEDICAL STAF	FIAN [] 8	nore, Md.
	230. BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	234 LOCATION	COUNTY	STATE
	Burial	08/09/86	restlav	wn Cemetery	Sykesvill	e, Howard	Co., Md.

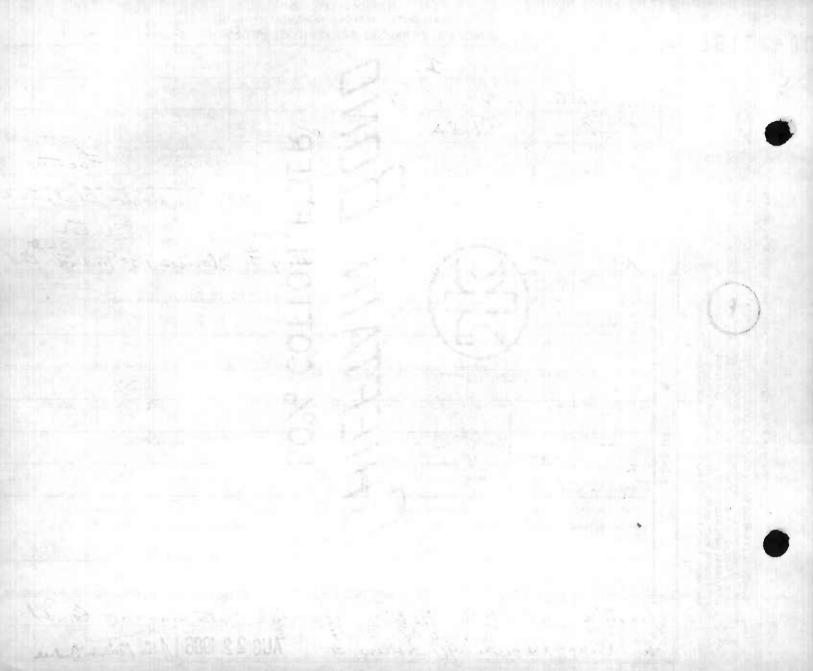
DHMH - 16 60M 7/84 (VRA 15, 4)

Burgee-Henss Funeral Home, Balto., Md.

IMPORTANT: If Item 21 is marked or Item 18 shows ony injury, or other traumatic event, th



		-								ARYLAN								
				OR TATE			DEPARTM	LENT OF H	EALTH .	AND ME	ENTALH	YGIENE		9 9		6)	11	
0 0 1	CIOO			EGISTRAR		ME	EDICALE	XAMINE	R'S CI	ERTIFIC	CATE	F DEAT	TH	REG. N	10.	600	end	
J U - 1	0130	h		EASED NAME	FIRST		MIDDLE		L	AST	7.4	20	DATE I	KNOWN :	MONTH	DAY	YEAR	26. HOUR
	w		(TYPE	OR PRINT)	Margar	ot.	I		Ho	rold			OF DEATH	MATED	8	18	1986	
1	RECTOR. R FILES. HOURS	3	SEX	14 RACE	2	ATE OF BIRTH		AGE (IN YEARS			IF UNDER	24 HRS. 21			HINOM	DAY	YEAR	2d HOUR
32	SES	ľ	59	0 0	M	ONTH DAY	YEAR	LAST BIRTHDAY)	MONTHS	DAYS	HOURS		RONOUN	CED	0	10	00	11:10
	82828	1		male Whe	10 1	1-1-1	905	SI YRS.					DEAD		8		19 86	ам
	SET ES	1	7a BIR	THPLACE (STATE OR	76.	CITIZEN OF W	VHAT COUNT	RY? 8	MARRIE	D NEV	ER MARRIE	ED D	BALTIM	ORE CITY	OR COUN	TY OF D	EATH	
	SASSE	7	, 0	Marylon	4	·U	JA.		VIDOWE	D	DIVORCE	D O	Bal	ltimo	re Ci	ty.		MD.
	BARRY S	7	D. CIT	Y OR TOWN OF DEAT	Н 11			SING HOME,	OR OTHE	RINSTITUT	TION	120 USUA	L-QCCUP	ATION (T	YPE OF WORK	126. KJb	DOF BUS	SINESS
	A HOES	\times		Baltimore	4 90	(IF NOT IN SUCH F		Hospita	1			FORMO	fact.	LOVE THE		Fa	elix	and the same
	S N S	4		L RESIDENCE (IF IN NURS	ING HOME OR OTH)									
201	\$9450		30 ST		3F COUNTY	-	13 CITY O	DRIGWN	1	3d. INSIDE CIT	TY LIMITS?	13e STREE	TADDRE	SS A.	7	BI	0 0	7/2 30
2	4 A B A B	0		Med			Lace	lenone		YES		//) //	osko	nglor	110	-3et 10	
WD	TARRE		14. FA	THER'S NAME	MIC	DDLE /	7 "	AST)	1	IS MOTHER	R'S MAIDE	NNAME	M	IDDLE	10) _	MSI	
ui or	28520			24		(-	Derge	V		n	10me	e			00	re	ei	
ON ON	838 X		160 W	AS DECEASED EVER IN	U.S. ARMED	FORCES?	16b. SOCI	AL SECURITY	10.	7. INFORM	MANT	4	~	ADDRES	55		212	30
DIVISION DE VITAL PECOPOS, 201 W. PRESTON ST., BALTIMORE, MD. 2120	EATERS 1		(AF	S, NO, OR UNKNOWN)	IF YES, GIVE WAR	DR DATES)	1917-	20-75	13	40	cory -	7. 6	Par L	dea.	11239	Wast	rata	Blad.
2	20E85	-		18 CAUSE OF DEATH	1/5 . 1	1:	1						200	7	1221	AF	PROXIMATE	INTERVAL
5	0=0						4 11 4 11	- 1-1-1								BETV	VEEN ONSET	AND DEATH
Z	13333	4			S CAUSED BY:					erios	sciero	otic (cara.	Lovas	cular	QT2	ease	
ST.	SZE Z					DUE TO, O	R AS A CONS	SEQUENCE OF								-		
9	E 3 7 10			Conditions, if on gove rise to it		(b)												
3	NAME OF STREET	*	- 1	couse (a) stating t			R AS A CONS	EOUENCE OF	1		3							
5	E A A A A A			lying couse lost.		(e)												
	B103886			PART 2 OTHER SIGNIFICANT	CONDITIONS CONTI	DIBIITING TO DEAT	H RIIT NDT RELAT	ED TO THE TERMIN	AL DICEACE	DO CONDITION	N CIVEN IN DAR	PT 1 in						
9	A S S S S S S S S S S S S S S S S S S S		z	THE E STREET STORM TEAMS		NIGOTINO ID DERI	D SOT HOT KEEKT	LO TO THE TERMIN	AL DISEASE	OX COMBINION	N OFFER IN TAR	KI I IU						
	SASAS	_	CERTIFICATION	19s. DATE OF OPERAT	HON	In CONE	NTIONI FOR VA	/HICH OPERA	1000	C DEDECOR	14ED2					In a	LITODEVA	
2	SED SED	1	CA	196. DATE OF OPERAT	ION	IVE. COND	DILION FOR W	HICH OPERA	IION WA	AS PERFOR	MED?					20 A	UTOPSY?	
11/	SC SE	_	T					185-14	3 8	Title-		de la			1 2 1 1		YES 🗌	NO 💢
· ·	EN HONO		CER	210 EXTERNAL CAUSE		216. TIME C	M. MONTH	DAY VEAD	21c. HO	W INJURY	OCCURRE	D (ENTERNA	ATURE OF IN	IURY IN ITEM	18 PART 1 OR P	ART 2)		
2	51,957	3		UNDERLYING OC	R AUSE OF DEAT			19	1									
	IS CETTIFICATE SHOWN WRITING THE WON THE CE 3 SHOULD BE TE DEPARTMENT 201 PRIOR TO BU		MEDICAL	214 INJURY OCCURRE		21e PLACE	OF INJURY	(AT HOME,	211 LOC				1.04			644		1000
2	IS CE 3		¥	WHILE NOT V	VHILE	STREET, FA	CTORY, FARM, ET	(2)	ST	REET			CITY OR TO	WN	CC	YTAUC		STATE
	13444°			AT WORK - AT WO	ORK							***			1000			
	D'ATE D'ATE			22a I certify that I t	took charge of	the remains d	escribed obov	e, held on	Autops	y .	Inspection	_K.	Inquiry	□, ,	ond in my o	pinion		
	NO THE A			death resulted from:	Notural co	ouses X	Accident	Suici	de .	Homic			mined mo	onner],			
	NE BENE				1		- 4			TITLE (SI	PECIEY)							
	2 032.8			ACTUAL	///		1	-			istan	+			DATE	8	3/18/	86
	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	de		SIGNATURE			//			0. 1.00		WEDIC	ALEXAN	VINER	SIGN	ED	,,	
	NO STATE		0	EXAMINER'S NAME	Willi	lam M.	Zane,	M.D.			111 1	Penn	St.	Balt	o.MD.			
	TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNEAL DIRECTOR: PAGE REDEATH, WITH THE STAMONE. MARYTAND.			(TYPE OR PRINT)						DDRESS		Tanting						
	EDSE 69		23a. Bi	RIAL, CREMATION, RE	MOVAL 236 C	DATE	1 2N	AME OF CEMI	TERYOR	CREMATO	Der)	234 100	RTOWN		1 00	UNTY	2 3	ATE /
07/8	4 BP		6	realisa	8-	21-198	6 N	estricio	· M	om.	Vack	- 50		relle	Dal	な、も		d.
25M	DHMH - 17		24/4	NERAL DIRECTOR		Anner	Suca	11: 3	1127	7	250. DATER	REC'D. BY F		R 256_RE	GISTRAR'S	SIGNAT	URE	145 60
	(VR A15 ME (5)))	36	be J. Com	er 1 sto	n, the	. 901-	Holler	u E	7	AU	522	1986	(ful	ia Deri	dam	0.1.	
		-	11				1								-	-	THE REAL PROPERTY.	



						OF MARYLAND								
5943		FOR STATE REGISTRAR	CERTIFICATE OF DEATH DEPARTMENT OF HEALTH AND MENTAL HYGIENE 6 REG. NO. 2									3		
y be		CEASED NAME FIRST ORPRINT) MARIE		IDDLE /	HE	SHAR		20 DATE OF DEATH	MONTH	19 19	P6	26. HOU	JR P	
0 4 m	fe:	male	4. RACE white		DATE C	28 1	913	6 AGE (IN YEARS LAST BIRTHDAY) FUNDER LYEAR IF UNITED MONTHS DAYS HOUR						
th. Pog	7a. Bil	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF W	HAT COUNTRY?	8	NEVER MAR		9 BALTIMORE CITY	_	TY OF	DEATH	1		
er deo		itzerland TY OR TOWN OF DEATH	USA 11. NAME OF H	OSPITAL, NURSING	WIDOWE G HOME C			Baltimore City 170 USUAL OCCUPATION 170 KIND OF BUSINESS O						
by the filed	-	ltimore		racility, give street a				housewife	T OF WORKING	S LIFE) IN	own r	nome		
124 hor	13a.5	ryland Balt	WHY THE	Baltimor		THE INSIDE CITY I	LIMITS?	3647 Gree	nvale	e Ro	ad 2	21229	}	
Z A		THER'S NAME uis Myrtille Du	MIDDLE.	.s IS MOTHER'S MAIDEN NAME RACHAEL TORRIGHE LAST										
Pages medical	16n W	VAS DECEASED EVER IN U.S. AR	MED FORCES?	218 – 30–6		17 INFORMANT		ADD Hesmar 36	RESS	g i		23.6	24.0	
been signed by the attending mit. Then please remove corby prior to burial, cremation, art only injury, or ather traumatic.	CERTIFICATION	Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF TENSION WITH VARICE TO STATE OF OPERATION DUE TO, OR AS A CONSEQUENCE OF A DENOCHMENOUS IN LIVE PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN P								PART 10				
has per sws	RTIFIC							200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO NO					TH?	
certifico proditro ental Hy ttem 18	CAL	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE.	HOUR A,M	MONTH DAY	DAY YEAR 19 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2)									
fter this as the bu h and M inked or	MED	21d INJURY OCCURRED WMILE NOT WHILE AT WORK	21e PLACE O	F INJURY ET, FACTORY, OFFICE, FAI	RM, ETC)	211 LOCATION STREET		CITY OR	TOWN	(COUNTY	ę	STATE	
TOR A		220.1 certify that (1) (this haspi		10	, on		r) opinion de	, to	date and h	. 19_		that (1) (
Accorded by the has been been been been been been been bee		The SUPPLIED FOR COME OF THE C	& Pelo	ya	^		NDING SICIAN []		AFF ICIAN 19		8/L	9/8	6	
11 TO 18 TO 18 CALL THAT			ZIb. DATE	196.60							127			
A OT STANK	23s. B	URIAL CHEMATION, HEMOVAL	ZIB. DATE	221. 197	AME OF C	METERY OR CREA	VATORY	234 EDCATION		11-3440	nits.		TATE	

Commence of the second second

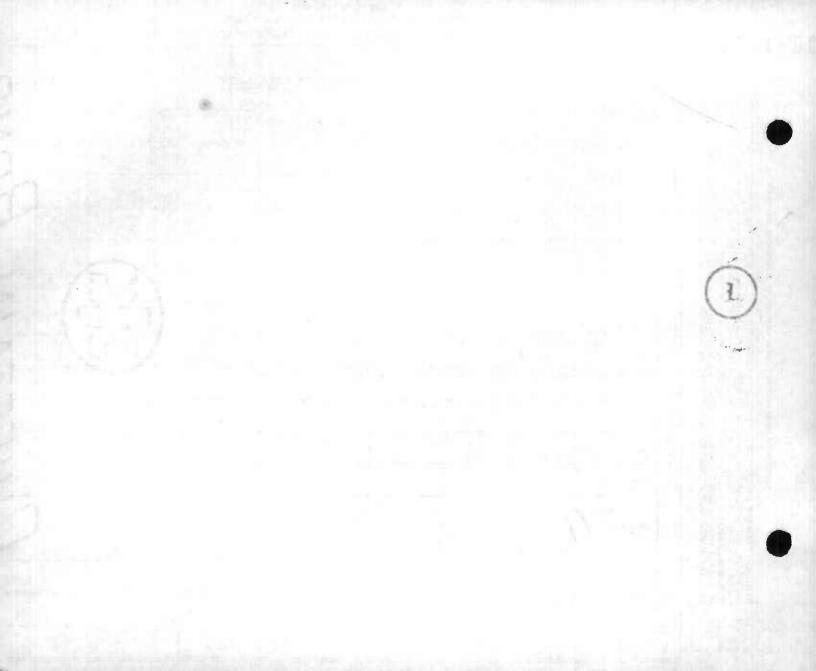
Latina War and Control of the All Can 4

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 2a DATE KNOWN MONTH OF ESTI-DEATH MATED 18-31-86 Alma Margaret R FILES. HOURS STREET, HESS 4. RACE 3 SEX IF UNDER 24 HRS DATE PRONOUNCED 8-31-86 16 White 69 Female DEAD To BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED OPFIGN COUNTRY U.S.A. Rhode Island WIDOWED TO DIVORCED [Baltimore City 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS IF NOT IN SUCH FACILITY, GIVE STREET ADDRESSI Clerical Printing SUAL Baltimore 3570 Horton Avenue 13a. STATE 13d. INSIDE CITY LIMITS? 3570 Horton Avenue 21225 Maryland 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Ross Alma. Morgan Moore 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT ADDRESS Laurel, Md 20707 Lawrence W. Morgan 913 Parkhill Road 213-28-5021 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL, YES [NOX DEPARTMENT 71a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY 21 LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE 22a. I certify that I took charge of the remains described above, held an Autopsy and in my opinian Natural causes X death resulted from: Accident Undetermined monner TITLE (SPECIFY) EXECUTE THE OPAGE 4 SHOUING FOR PAGE 4 SHOUING FOR PAGE A SHOUING FOR ACTUAL 8--31-86 DATE M.D. Assistant MEDICAL EXAMINER SIGNATURE_ 111 Penn Street EXAMINER'S NAME William M. Zane, M.D. (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 23b. DATE 73c. NAME OF CEMETERY OR CREMATORY 9/4/86 Baltimore National Cem. Baltimore Burial BP 07/84 25M George J. Gonce 4001 Ritchie Hgwy Balto Md **DHMH - 17** Julia Davidson-Randelle (VR A15 ME (5))

í A

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN I TYPE OR PRINT) ESTI DEATH MATED 8/ 10 86 Hickles Thelma 4 RACE 5. DATE OF BIRTH AGE LIN YEARS IF LINDER TYR IF UNDER 24 HRS 2c. DATE LAST BIRTHDAY PRONOUNCED remale 1939 47 DEAD black 19 86 BIRTHPLACE ISTATE OR 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED US Baltimore City, ٧a DIVORCED ID CITY OR TOWN OF DEATH II NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION ITYPE OF WORK 1126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Baltimore Lutheran Hospital LIGUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION) 21216 130 STATE 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 136 COUNTY BALTIMORE, MD. 2120 Md Baltimore 3030 Chelsea Terrace YES [X] NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE John FIRST William Jackson Pearlie DeJarnett. Mae 17. INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 223-52-8772 Alford Hickles 3030 Chelsea Terrace APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Hypertrophic Cardiomyopathy IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION USED AS 19a. DATE OF OPERATION OR TO BURIAL, 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X BE TO THE SAHOULD B. 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME 21d. INJURY OCCURRED 21f. LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE STA BALTIMORE, MARYLAND, 2 22s I certify that Leack charge of the remains described above, held on Autapsy Inspection Inquiry death resulted from Natural causes Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL 8/5/86 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Charles P. Kokes, M.D. Penn St. (TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d. LOCATION COUNTY STATE 8/9/86 Burial King Memorial Park Randallstown Md 07/B4 BP 250 DATE REC'D BY REGISTRAR 255 REGISTRAR'S SIGNATURE 25M 24. FUNERAL DIRECTOR **DHMH - 17** March Funeral Home West 4300 Wabash (VR A15 ME (5))

STATE OF MARYLAND



		#	18b,F	ilmG619	9/20,	/86 ka	MENT OF		MARYLAND		VOIENIE				
00-	15425	1-:	TATE EGISTRAR			= =	LEXAMI		CERTIFICA		F DEATH	2 2 REG. N	4 6	. 0	
-			EASED NAME	FIRST		MIDDLE			LAST			KNOWNX		DAY YEAR	26 HOUR
	WWW	(TYPE	OR PRINT)	Jerry	7	В.			Hil	1	Ur Ur	MATED [96	
	SACHER SACHER	1. SEX		4 RACE	S. DATE OF E		6 AGE INY	EARS IF UN		UNDER			0 12	DAY YEAR	2d HOUR
	V 52 E			Tattle of the second	HTMOM	DAY YEAR		MOIN!		IOURS	MIN PRONOUN DEAD				
	NA VAN	Ma	THPLACE (ST	White	Aug. 2	OF WHAT CO		rrs.			9 BALTIM		8-12-		4:15P4
	が表現を表すく	FOR	EIGN COUNTRY)				OLALK1:		IED NEVER		D &	'		OF BEATH	
	25.5		ryland	DEDEATH	U.S		NURSING HON	WIDOW		DIVORCE	120 USUAL OCCUP	imore		b KIND OF BI	MD.
. 7	SEREE S	1			NOT IN S	SUCH FACILITY, GIV	E STREET ADDRESS			214	FOR MOST OF WOR	KING LIFE)	PE OF WORK	OR INDUST	
Mt	1000		altimor RESIDENCE		Unior OR OTHER INSTITUT		ial Hos				Dispate	cher	Co	nstruc	
1	29299		ATE	UB GOU	NTY		ITY OR TOWN	SIONJ	13d INSIDE CITY		130 STREET ADDRE			21204	
77	マラダの形 シャ		ryland	Balt	imore_	Tor	wson			NOX		Green	riew Te	err., Ar	t.173
8	E-200	14. FA	THER'S NAME		MIDDLE		LAST		15. MOTHER'S	S MAIDE	NNAME	IDDLE		LAST	
ORE,	25 × 25 21		thur		D.		Hill		Hele					Tille	
BALTIMORE	AFTER DE INE PAGE IN FORM AGES I A SION OF ISION		'AS DECEASED S, NO, OR UNKNO	EVER IN U.S. AI	RMED FORCES?	? 16b. S	OCIAL SECURI	TY NO.	17 INFORMA	INT		ADDRES:	Ellico	tt Cit	cy, Md.
IALI		Ye	S	WW	II	2:	18-22-1	904	Anne H	H. Co	stello-4:	217 Sc	outhfie	eld Rd.	21043
			18 CAUSE OF	F DEATH (Enter o	nly one couse p	er line for (a),	(b), and (c).)							APPROXIMAT BETWEEN ONS	E INTERVAL ET AND DEATH
PRESTON ST	IIN 24 HOUR IN ITEM 18. ALONG W ISIT PERMIT. HYGIENE, D MOVAL.	7	C		ATE CAUSE (o).	Pu	llmonary	thro	omboemb	olis	m				
STC			Tde	37		O, OR AS A C	ONSEQUENCE	OF					WILL III		
0. 0.	FEREN			e to immediat		In	jured 1	eft 4	eg. Foo	t	During				
×.	UTED WITH IN PENCIL EXAMINER EIAL- TRANS O MENTAL I		couse (a) lying caus	stating the under	DUE T	O, OR AS A C	ONSEQUENCE	OF							
201	US CERTIFICATE SHOULD BE EXECUTED WARTING THE WORD "PENDING" IN PEN RAPE TO THE CHIEF MEDICAL EXAMINATE DEPARTMENT OF HEALTH AND MENTAL TO BE USED AS A BURIAL TO PREATH AND MENTAL TO BURIAL, CREMATION, OR	20	7.19 200	30 1031.	(c)				4.00						
RECORDS	AA B S S S S S S S S S S S S S S S S S S	1	PART 2 OTHER SIG	INIFICANT CONDITION	S CONTRIBUTING 10	OEATH BUT NOT R	RELATED TO THE TER	MINAL DISEAS	E OR CONDITION G	IVEN IN PAR	T 1 (a).			141111	
0	D BE EXE ENDING MEDICA AS A BI SALTH AI CREMA	o N				Diab	etes Me	llitu	ıs						
	AL, AL	CERTIFICATION	190. DATE OF	OPERATION	196 C	ONDITION FO	OR WHICH OPE	RATION W	AS PERFORME	ED?				20 AUTOPSY	?
É	SHOUL ORD "F CHIEF E USED TOF H	=											100	YES X	NO 🗌
OF.	AND WENT OF THE WAR		210 EXTERNA	L CAUSE WAS		ME OF INJURY	Y TH DAY YEA	21c H	OW INJURY OF	CCURRED	LENTER NATURE OF INJ	URY IN ITEM TO	PART TOR PART 2	1)	
ON	SECOSES	CAL	CONTRIBUTION	NG CAUSE OF			12-86		Unkno	own					
DIVISION OF VITAL	S CERTIFUG RDED TI SE 3 SH RDEPA TE DEPA	MEDICAL	21d INJURY O	CCURRED	STRE	ET, FACTORY, FAR			CATION		CITY OR LOV	A/N	COUNT	v	STATE
0		2	WHILE AT WORK	AT WORK	X I		ction Co			s Co	nstructio			_	SIAIC
	ATE, WATE, WATE, WATE, WATE, WATE, WATE, WATE, PARE, P	15		y that I took cha				Autop	[3]r	nspection			nd in my opini		
		9	deoth resulte	1	urol couses	, Accide	TO	vicide .	, Homicide		Undetermined mo		no in my opini	Oil	
	ARY			110		d	1/		TITLE (SPE		onderevisited inc	,			
	3 HO 2 G	5	ACTUAL SIGNATURE	Ma	since	(he	Unil		D Assis		MEDICAL EXAM	ILLIED	DATE	8-13-8	6
	SET				,	-4		7					SIGNED.		11-11-0
	TO MEDICAL EXAMINE EXECUTE THE CRETIFIC PAGE 5 HOURD BE FOR THE PAGE AND PRECTOR AFTER BEATH WITH THE BALLIMORE MARYLAY		EXAMINER'S I (TYPE OR PRIN	NAME M	argarita	a A. Ko	orell, I	M.D.	ADDRESS	111	Penn Str	reet			
	DAN DE LA PRESENTA	230. BL	RIAL, CREMAT	ION, REMOVAL	236 DATE	23	L NAME OF CE	METERY C	R CREMATORY	Υ	23d LOCATION		COUNTY		STATE
07/84	BP		rial		8-15-8	6	Meadow	ridae			Elkridge	,	Howard	_	Md.
25M	DHMH - 17		NERAL DIREC	TOR		DDRESS	1050		To a	DATE R	EC'D. BY REGISTRA		ISTRAR'S SIG	_	
	(VR A15 ME (5))	Ru		son Fune						AUG	15 1000	d. 1.	Minda	Manda B	
				J								12.7	Marie Mary a	The second second	

Togs on u. t. II. . I makened ter ...A security converse fill masks of picture of the ends of agree and

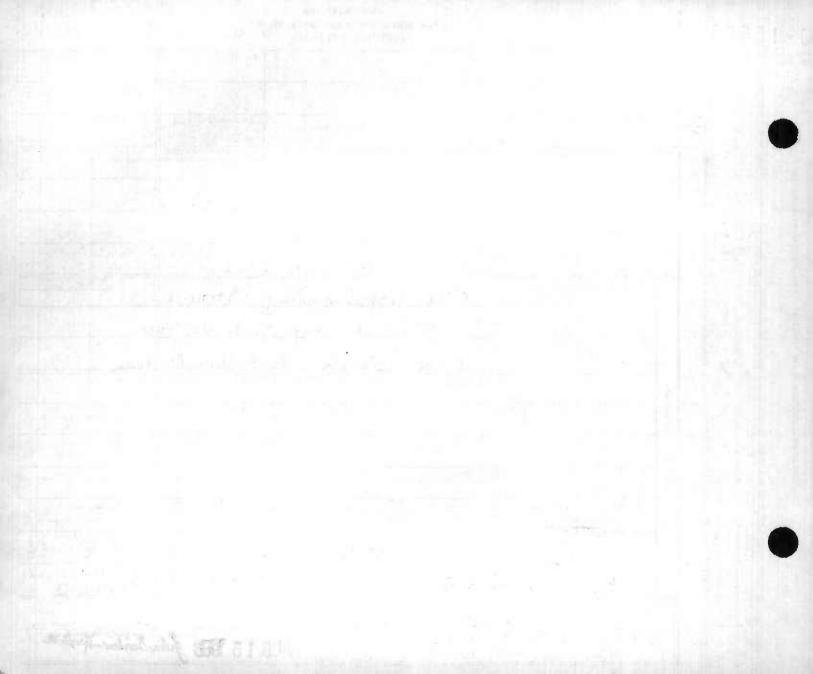
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	FOR STATE REGISTRAR	DEPARTA	MENT OF HE	CATE OF	MENTAL HYG	GIENE 6 2 REG. NO.	2 4	3 ()
	1. DECEASED NAME FIRST	WIDDLE	LA	ST		20 DATE OF DEATH M	ONTH DAY	YEAR 21	b. HOUR
	SARAH	HENRIETTA	HIL	.L		8	09 8	36	М
	3 SEX	4. RACE	5 DATE O	F BIRTH DAY	YEAR	6. AGE (IN YEARS LAST BIRTH	MONIHS		FUNDER 24 HRS
	FEMALE	BLACK	8	17	1931	54	YRS		Mil.
7	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED	NEVER	MARRIED -	9 BALTIMORE CITY OR	COUNTY OF DE	ATH	
	MARYLAND	U. S. A.	WIDOWE		NORCED [BALTIMORE	CITY		MD.
	BALTIMORE	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET, 501 DOLPHIN STR	ADDRESS)	R OTHER IN	STITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF V SECRETARY	VORKING LIFE) IND	USTRY	AME CH.
42.7	JSUAL RESIDENCE (IF NURSING HOME OF 13a STATE 13b COUN MARYLAND		N	YES X	NO 🗌	130.STREET ADDRESS / 2	CIP CODE 501	DOLP	
	14 FATHER'S NAME	MIDOLE LAST		15. MOTHER	'S MAIDEN NA	ME		LAST	
Z	SAMUEL	FOWLER			RANCES			ALLE	
	160 WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV	/E WAR OR DATES)		17 INFORM	ANT	4230° 1	OCH RAV	EN BL	VD.
	NO	203-26-7	784	ANTOI	VETTE L.	. HILL BALTIN	10RE, MA	RYLAN	ID 21218
	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	NCE OF USC	~	hy oca	andial hypodrounder	anan	PART line	
2	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	1% CONDITION FOR WHICH					20b. IF YES, WERE		CHEED
-	JH I	The condition for which	OTENATION	WASTER	OKMED	YES NO	IN CERTIFYING C	AUSES OF	F DEATH?
1	OR CONTRIBUTING CAUSE OF DEA	P.M.	Y YEAR			RED (ENTER NATURE OF INJURY	N ITEM 18 PART I OR I	PART 2)	
	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FA	ARM, ETC)	21f LOCAT STREE		CITY OR TOWN	COL	YINU	STATE
	sow the deceased alive on above, (I) (webteld) (did no	tell attended the deceosed from	12- 86,000	1 — d that in (my) (our) opinion (death accurred on the date	ond hour and fr	6 tho	ot (I) (we) lost uses stated
	22b. SIGNATURE	丛	M	EGREE 1		MEDICAL STAFF DIRECTOR PHYSICIA		DATE SIC	15-85
		NAIR, MO		22e ADDRE	201	o york F	20 ady	BAL	MMORE 2
	230 BURIAL, CREMATION, REMOVAL				CREMATORY	23d LOCATION CITY OR TOWN	COUNT	Υ	STATE
	BURIAL	8/13/1986 ARE	BUTUS	MEMOR:	AL PARK	F	BAL TIMORE		RYLAND

DHMH - 16 60M 7/84 (VRA 15, 4)

24 NUTTIERE CORSONS FUNERAL HOME, DINC.

2501 GWYNNS FALLS PKWY. BALTIMORE, MD. 21216

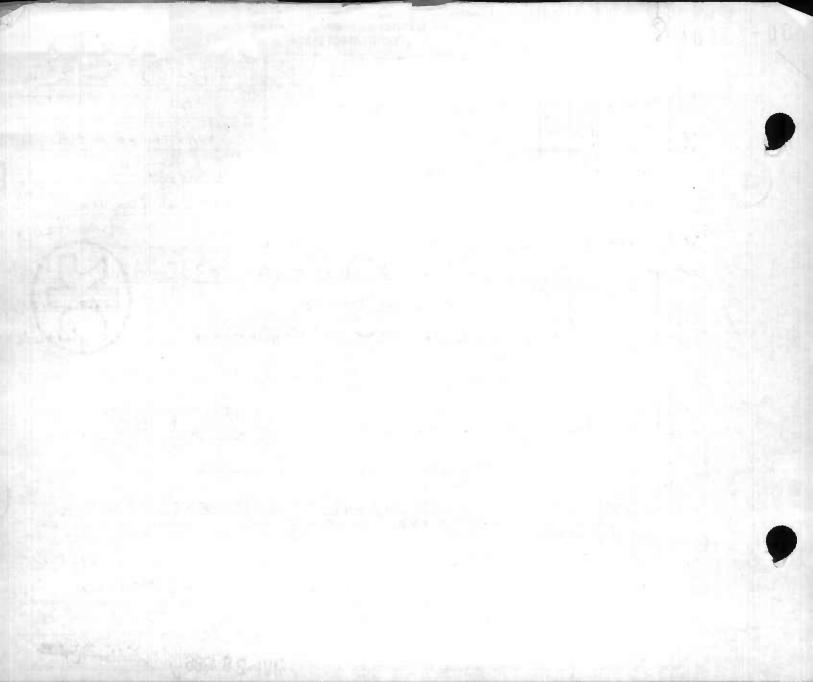


STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGJENE - STATE **CERTIFICATE OF DEATH** REGISTRAR REG. NO. MIDDLE 2a. DATE OF DEATH YEAR 1. DECEASED NAME MONTH DAY 2b. HOUR (TYPE OR PRINT) NALKER 6 AGE THE 5 DATE OF BIRTH RS LAST BIRTHDAY IF UNDER I YEAR 3. SEX MONTH DAY YEAR 20 15 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH STATE OF FOREIGN MARRIED NEVER MARRIED COUNTRY DIVORCED Timore WIDOWED 126 KIND OF BUSINESS OR INDUSTRY HUGhroom 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION OCCUPATION Trunsporation Co USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13a. STATE 136 COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE naver Himore YES X NO [15 MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE MIDDLE IAN WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse to), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO NO [210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME, STREET FACTORY OFFICE FARM ETC.) NUTT WHILE ottended the deceased from 22a I certify that (I) I'll and that in (my) r) opinion death occurred on the date and hour and from the causes stated not) view the body ofter death DEGREE 22c DATE SI ATTENDING MEDICAL STAFF PHYSICIAN | DIRECTOR | PHYSICIAN 22e ADDRE 23a. BURIAL, CREMATION, REMOVAL COUNTY Md Burial 8/12/86 Md Nat Mem Park Laurel 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 50M 4/B3 William C. March F/H West 4300 Wabash Avenue (VRA 15, 4)

S1516 M O1/20/15 M THINES WALKER S2 S1516 M O1/20/15 M TENT S2 S1516 M TENT S2 S15

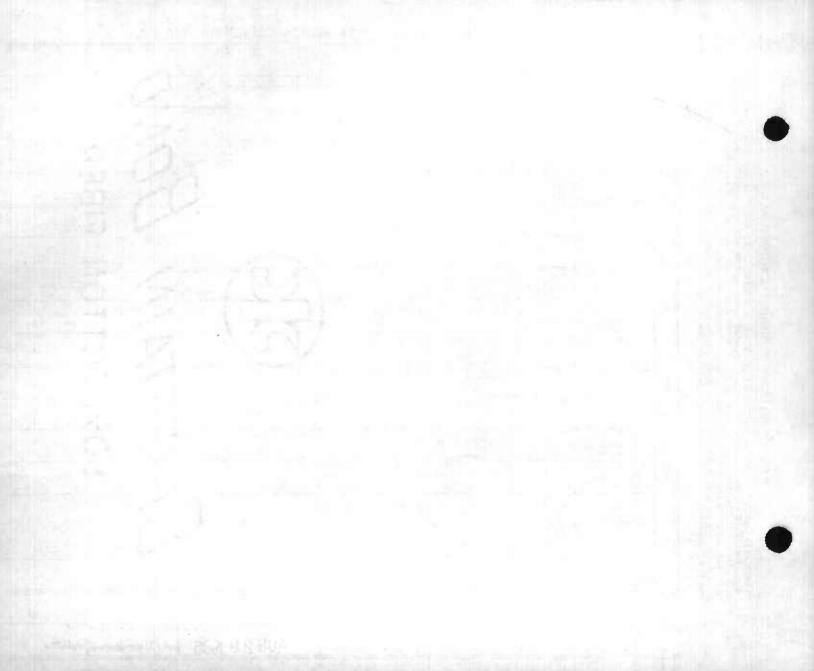
37 0573

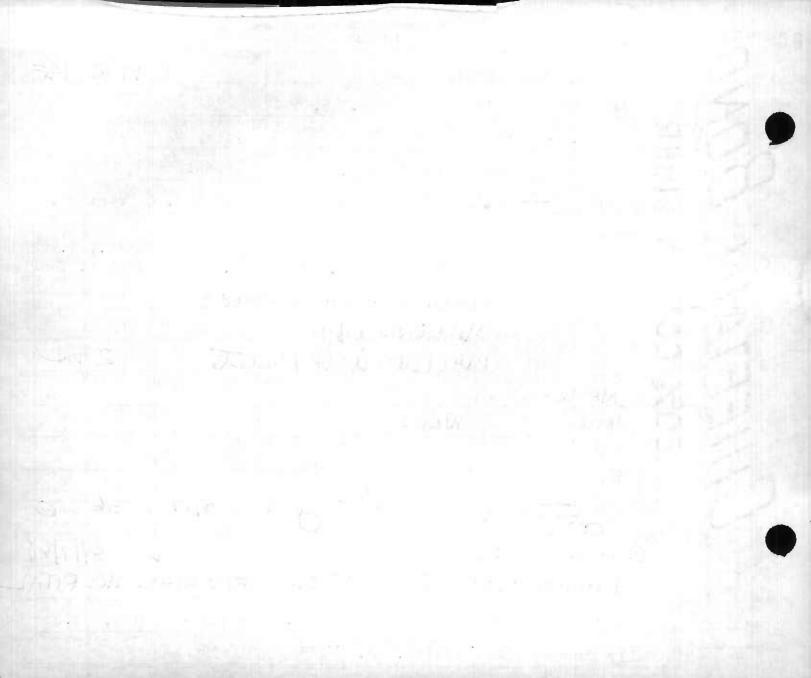
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME COMPRESSOR STATE D?ujAnum 4 RACE 3 SEX 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) male BUREF 22 BIRTUMTACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED 15A DIVORCED | WIDOWED CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY levid of Many land Postal Camile SUAL RESIDENCE (IF NURS HER IN STITUTION GIVE RESIDENCE BEFORE ADMISSION 13c. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE millquesuille NO X A FATHER'S NAME 15. MOTHER'S MAIDEN NAME FREST MIDDLE MIDDLE 21108 ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT II'S NO OR UNKNOWN) LIF YES, GIVE WAR OR DATEST 18 CAUSE OF DEATH Enter only one cause per line for rai, (b), and ic PART I. DEATH WAS CAUSED BY BRAIN DEAT IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF INTRACERGERAL HEMORRHAGE Canditians, if any, which gave rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 18/86 INTRACEUS BRAL NOIS 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M. (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM ETC) CITY OR TOWN COUNTY WHILE NOT WHILE 22a I certify that (M) (this haspital) attended the deceased from. 1986 the the classed alive an 4724 , and that in (aur) apinian death accurred an the date and have and from the causes stated 22h SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN teniu of rearyland Hospital Md Nat Memorial Park 23a. BURIAL, CREMATION, REMOVAL (SPECIFY Burial 7/28/86 CITY OR TOWN MD AUREL 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATUS DHMH - 16 60M 7/84 March Funeral Home West (VRA 15. 4) 4300 Wabash Avenue



		1	FOR		14-1-6	DEPARTMENT	OF HEALTH	AND MENTAL	HYGIENE	73	0		7	
001	0001	1-	STATE REGISTRAR		ME	DICAL EXAM	AINER'S	CERTIFICATE	OF DEAT	H G	CNO	Aug 933	0	
JU-1	6801	1. DE	CEASED NAME	FIRST		WIDDLE		LAST	20.	DATE KNOW	VN (F) A	AONTH DA	Y YEAR	26 HOUR
	8888E	(TYE	E OR PRINT)	JAMES		Edward	LI			OF EST	*		00	
	RECTOR. R FILES. HOURS	3 SEX		RACE	5 DATE OF BIRTH	6. AGE		OCKETT NDER 1 YR. TIF UNDI	ER 24 HRS. 20		- M	8 26		2d HOUR
	ESSARY, PRESENT PROBLEM TO HE COUR IN THE COURT PROBLEM TO HE COUR		ete	white	MONTH DAY	YEAR LAST B	IRTHDAY) MONT			ONOUNCED				
	AR OLL	-	RTHPLACE (SI)		Dec. 26,		YRS.			DEAD		8 26		3:15 AM
	SE S	FC	REIGN COUNTRY)	ATE OR		HAI COUNTRY?	8. MARR	IED NEVER MAR	RRIED . 9.	BALTIMORE	CITY OR C	OUNTYO	FDEATH	
	NE NEC		xas		USA		WIDOV			Baltim				MD.
	PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE	10 C	TY OR TOWN C	OF DEATH		PITAL, NURSING H		IER INSTITUTION		OCCUPATIO		WORK 12h	CIND OF BU	
	A D A TY	1	Balti			ical Cent				ired		mi	litar	У
-5.	AN AN		L RESIDENCE (IF IN NURSING HOME O	R OTHER INSTITUTION, GI	136 CITY OR TOV		had meine eizh i mizea	lia cross			31	160	11
212	ANY DELA AND 3.TO RETAIN PA PICULIS BEF		ryland	Charl		Waldorf		13d. INSIDE CITY LIMITS?	13e STREE	lispie	's Mo	tor (ourt	/
(Co	700	14. F	ATHER'S NAME					15. MOTHER'S MAI		•				
1. "	DEATH, M. P.M.	1	Herbe	rt	G.	Hockett		Elsie		MIDDLE		Δ	very	
No.	N A CC	16a. V	VAS DECEASED	EVER IN U.S. ARA		16b. SOCIAL SEC		17. INFORMANT		ADI	ORESS	4.	ivery	
BALTIMORE, MO. 21	S AFTER DE GIVE PAGE ITH FORM PAGES WISION OF	(Y	ES, NO, OR UNKNOV	(IF YES, GIVE V	-1968	215-26-1		Charlton	F Hos			o Coo	****	Co
₩	SOFT	ye		DEATH /F				Charteon	E. HOC	Kell,	LITTIC	e Geo		
ST.	24 HOUR ITEM 18. ONG W PERMIT. SIENE, D		PARTIDEA	TH WALL CALLEED	y ane cause per line BY:							В	APPROXIMAT	E INTERVAL
PRESTON ST	WITHIN 24 HOW PENCIL IN ITEM 1 WINER ALONG - TRANSIT PERMI ENTAL HYGIENE, OR REMOVAL.	7	8/107	IMMEDIAT				auma with	COMPII	cations	3			
EST	WO AND WO	/	Cardition	s, if any, which	DUE TO, OR	AS A CONSEQUEN	NCE OF					1		
0.	PENCIL IN MINER A - TRANSIT ENTAL HY OR REMC		gave rise	to immediate	(b)									
W.	AEN AM PEN		lying caus	stating the <u>under</u> -	DUE TO, OR	AS A CONSEQUEN	ICE OF							
. 201	SHOULD BE EXECUTED IN ORD "IN PER CHIEF MEDICAL EXAM CHIEF MEDICAL EXAM FOR HEALTH AND MEN OF THE MEDICAL CREMATION, OUR IN THE MEDICAL CREMATION, OUR INTERPRETATION, OUR INTER				(c)									
RECORDS	A A B S S S S S S S S S S S S S S S S S		PART 2 OTHER SIG	NIFICANT CONDITIONS	ONTRIBUTING TO DEATH	BUT NOT RELATED TO THE	TERMINAL DISEAS	E OR CONDITION GIVEN IN	PART 1 (a).		100			
8	MEDINAS A	CERTIFICATION												
	7 FEB 17 7	3	190. DATE OF	OPERATION	19b. CONDIT	ION FOR WHICH C	PERATION W	AS PERFORMED?				20	AUTOPSY	?
¥	SHOUL ORD "F CHIEF E USED T OF H	E										136	YES 😿	NO 🗆
DIVISION OF VITAL	CERTIFICATE SHAME THE WORDED TO THE CIPE SHOULD BE ESTANDING BE EDEPARTMENT (IN PRIOR TO BUILD)	8	210 EXTERNAL		21b. TIME OF		21c. H	OW INJURY OCCUR	RED (ENTERNAT	URE OF INJURY IN I	TEM 18 PART	1 OR PART 2)	75	
N N	SHOPER		UNDERLYING	XJOR G∏CAUSE OF D	EATH 11: 25%	MONTH DAY		upant of i	motorcs	cle th	at lo	nst co	ntrol	
ISIC	PACA TO THE PACA T	MEDICAL	21d INJURY OF	CCURRED	21e PLACE C	FINJURY (ATHON	E. 21f. LO	CATION	mo cor o	Ole al	ac 10		71102.03	•
Ž	ARDED ARDED (GE 3 S)	Z	WHILE AT WORK	NOT WHILE AT WORK	X	ory, FARM, ETC.)		5 & Morav	ia Pa	DO 1 +0		COUNTY		MD
	HAWAY A		THE THORN	AT WORK		-			Ia Nu.,	Daito	•			
	A S S S S S S S S S S S S S S S S S S S		22a. I certify	that I tank charge	e of the remains desi	ribed above, held	on Autap	sy X Inspect	ion 🔲,	Inquiry .	ond in	my opinion		
	MER DES		death resulted	fram/ Nature	al auses	Accident X	Suicide	, Hamicide	Undeterm	nined manner	<u> </u>			
	MAR WERE	-	ACTUAL	1/1/2	1/9	Son		TITLE (SPECIFY)						
	NESZEW -	2	SIGNATURE_	Mu	100/	0"	M	D. Assistar	It MEDICA	LEXAMINER		DATE SIGNED	8-26-	86
	NO N	6	EXAMINER'S N	IAME OT-	1	1								
	TO MEDICAL EXAMINED EXECUTE THE CERTIF PAGE & SHOULD BE TO FUNERAL DIRECT AFTER DEATH, WITH BALTIMORE, MARYL		TYPE OR PRIN	r) Chai	rles P. Ko	okes, M.D	•	ADDRESS 111	. Penn	St., Ba	alto.	, MD	2120	1
	FUZTE	23a.Bl	JRIAL, CREMATI	ON, REMOVAL 23	b. DATE	23c. NAME OF	CEMETERY	R CREMATORY	23d LOCA	TION		COUNTY	5	TATE
07/84	BP	l	urial		ug.30,198		laven C	emetery	Hage	rstown	, Was	sh., M	fary1	and
25M	DHMH - 17	24 FL	NERAL DIRECT	OR MINN	ICH FUNER	AL HOME			E REC'D. BY RE	GISTRAR 25h				
	(VR A15 ME (5))	41	5 E. Wi		d., Hager		1. 2174	0 AU	6291	186 Jul	a Devi	down-0	andelle	

STATE OF MARYLAND





1 - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGISNE &

2243

1		REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO	D.		
Ì		CEASED NAME, FIRST		MIDDLE	l.	AST		MONTH DAY	YEAR	26. HOUR
ı	(TIPE	CHAR	LES	н.	HOFFI	MAN. SR	AUG. 27	, 1986		2:23 PM
Ì	3 SEX		4. RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIR		INDER I YEAR	IF UNDER 24 HRS
1	1	MALE	WF	HITE	MONTH		82	YRS.	THS DAYS	HOURS MIN.
1		(STATE OR FOREIGN		WHAT COUNTRY?	8		9 BALTIMORE CITY O		DEATH	
1		aryland	U.S.	Δ	WIDOWE	D X NEVER MARRIED L		co City		MD.
1	_	TY OR TOWN OF DEATH			-	OR OTHER INSTITUTION	12a USUAL OCCUPATI	ON	126. KIND O	F BUSINESS OR
4	P	3804171AC	(IF NOT IN SU	CH FACHITY, GIVE STREET	ADDRESSI	141151	(TYPE OF WORK FOR MOST O	F WORKING LIFE)		
ł	USUA	AL RESIDENCE I IF NURSING HOME		, GIVE RESIDENCE BEFORE	ADMISSION)	OSTITUCE	Butcher			essing
J	13a S	1.50 000	NTY	13c. CITY OR TOW		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS			
4		aryland		Baltimon	re	YES XX NO	2830 Georg	jetown i	Ra.	21230
4	1	FIRST	MIDDLE	LAST		FIRST	WIDDLE		LAS	
4	11 14	Edward /AS DECEASED EVER IN U.S. A	Durn roncess	HOF I		Anna	ADDRE	ć c	Ma.	ller
1		ES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)			17 INFORMANT	ADDRE	22		
Į		NO		212-03-4	4456	Lula L. Hof	ffman 2830 Ge	orgeto		
I		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	nly one cause per					J-Oy-	BETWEEN	MATE INTERVAL ONSET AND DEATH
1			TE CAUSE (a)	east less	LOBIN	FAIWRE				
ı			DUE TO C	R AS A CONSEQUE	NCE OF					
۱		Conditions, if any, which	(b)	HEAR	FAIL	SHU				
ł		gave rise to immediate cause (a), stating the	S DUE TO O	R AS A CONSEQUE	NCE OF					
J		underlying couse lost		2/TEATEN		nade saya	3441023 n	20		
1		PART 2. OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TER	RMINAL DISEASE OR CON	DITION GIVEN	IN PART 16	0
1	S O									
7	AT	19a. DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	70a AUTOPSY?	20b. IF YES, V		
ı	CERTIFICATION						YESTI NOT	YES I		OF DEATH?
1	ER	21a. ACCIDENT WAS UNDERLYING				21c HOW INJURY OCCU	IRRED (ENTER NATURE OF INJUI			
1		OR CONTRIBUTING CAUSE OF DE	AIR	M. MONTH DA						
ı	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMIN		M. OF INJURY	19	716 LOCATION				
ı	ME	WHILE NOT WHILE		REET, FACTORY, OFFICE, F	ARM ETC)	STREET	CITY OR TO	WN	COUNTY	STATE
ı		AT WORK	la Distancia de di Al			10		10	1	
ı		22a. I certify that (1) (this has				nd that in (my) (our) opinio				that (I) (we) last
ı		others (h Nee) (did) (did n	at) view the body	after death.		DEGREE	The desired on the de	ne ona noor ar	22c. DATE	
١		Washing Ty			21		MEDICAL STAI	F	A. OATE	DI PI
4		274 PHYSICIAN'S NAME LINE	CM ERROLLS		INT	22e ADDRESS	DIRECTOR PHYSIC	IAN	10,91	-00
		1/6 . 2	10-11	-		O A C	hu R.		1.0	21000
1		KENNETH	V. KDAI	0		MODY CODY	Mr. Dac	MARKE.	11/17	21224
1	23a B	URIAL, CREMATION, REMOVA	1 73b. DATE	23c N	AME OF C	EMETERY OR CREMATORY	23d. LOCATION			

DHMH - 16 60M 7/84

(VRA 15, 4)

8/30/86

73¢ NAME OF CEMETERY OR CREMATORY Glen Haven M.P

23d. LOCATION

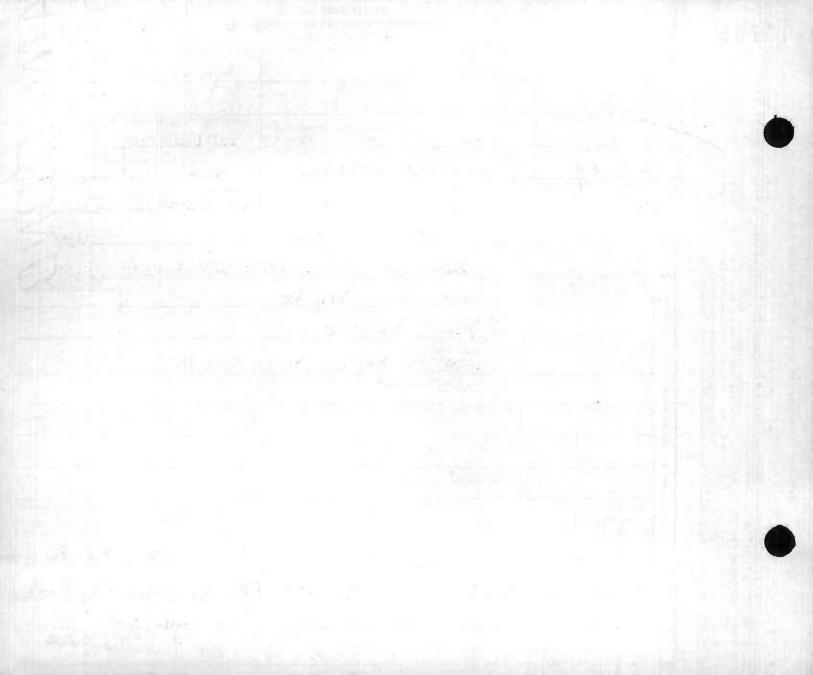
COUNTY len Burnie

STATE

Burial
HILL
HILL
HILL
BURIAL DIRECTOR Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

Glen Burnie A.A. Md.

250 DATE RECID. BY REGISTRAR 151, REGISTRAR'S SIGNATURE 182.



FOR

DHMH - 16 60M 7/84

(VRA 15, 4)

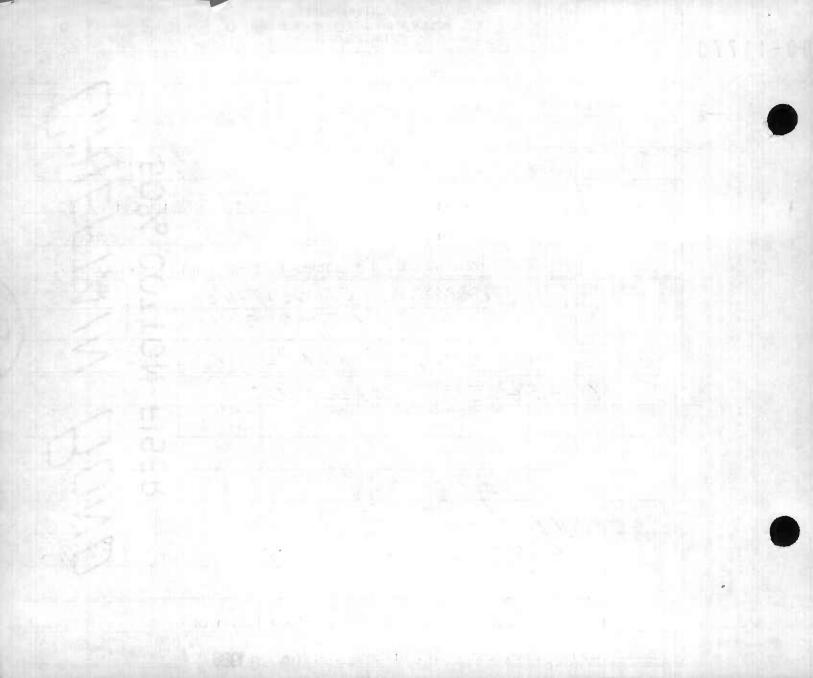
9 BALTIMORE CITY OR COUNTY OF DEATH Baltimore City 126 KIND OF BUSINESS OR INDUSTRY 13e.STREET ADDRESS / ZIP CODE 2816 Eastshire Drive, 21230 Schoen Charlotte E. Yanek, 3815 Ravenwood Ave. DUE TO, OR AS A SOCIETY SEPONDE OF CREVACINS (1850) RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO 20h IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN ... and that in (my) (our) apinion death occurred on the date and hour and from the causes state. ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 54 Scott Adam Road Cockeusville Maryland 24 FUNERAL DIRECTOR Hubbard Funeral Home, Inc., 4107 Wilkens Ave.

STATE OF MARYLAND

DAY

26 HOUR

: 30



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

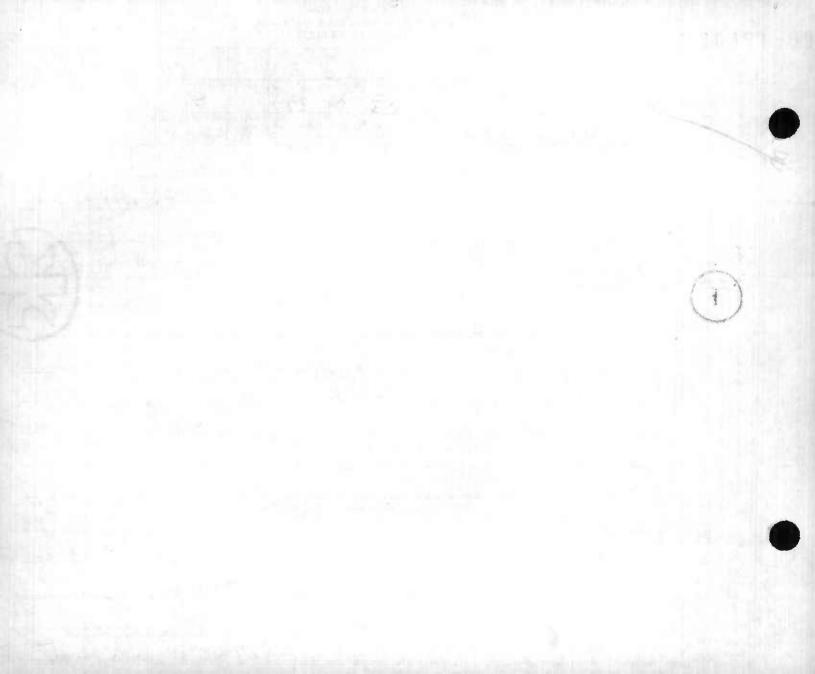
FOR STATE REGISTRAR			HEALTH AND MENTAL HYG	REG. N	2 2	4 3	1
1. DECEASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH	MONTH DA	AY YEAR	26 HOUR
Miss. I	Dorothy Ma:	rie Hofma	ann	August	10 1986		M
3. SEX	4. RACE	5. DATE	OF BIRTH	6. AGE (IN YEARS LAST DIR		FUNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
Female	Caucasian	June	23 1918	68	YRS.		
7a BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	U.S.A.	COUNTRY? 8. MARRII WIDOW	ED NEVER MARRIED	Baltimore C		OF DEATH	MD
10 CITY OR TOWN OF DEATH Baltimore	4510 Penhurs	st Avenue	OR OTHER INSTITUTION	170 USUAL OCCUPAT TYPE OF WORK FOR MOST OF Secretary			F BUSINESS OR
	UNTY 13c CI	DENCE BEFORE ADMISSION TY OR TOWN Litimore	YES NO D	13e STREET ADDRESS 4510 Penhur		е	21215
Francis William Hof	MADDLE	LAST	Fdna Cecilia	AIDDIE		LAS	Ti
160 WAS DECEASED EVER IN U.S.	GIVE WAR OR DATES)	CIAL SECURITY NO.	17 MPSMARITA Mea	ad ADDRI	ESS		21215
No	21	2-18-3605	4510 Penhurst	Avenue B	altimore		Maryland
18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse per line for	(o), (b), and (c).)	-			BETWEEN	MATE INTERVAL ONSET AND DEATH
	ATE CAUSE (6) Met	astatic hi	reast cancino	in		3 4	lears
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A	CONSEQUENCE OF					
	T CONDITIONS CONTRIB	UTING TO DEATH BU	T NOT RELATED TO THE TERM	NINAL DISEASE OR CON	IDITION GIVE	N IN PART 1	0,
19a DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b. CONDITION F	OR WHICH OPERATION	ON WAS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	NGS USED S OF DEATH?
	DEATH HOUR A.M. M		21c. HOW INJURY OCCUR				
OR CONTRIBUTING CAUSE OF I	21e. PLACE OF INJU (AT HOME, STREET, FACT	JRY ORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
220.1 certify that (I) (this has sow the deceased alive above, (I) (we didn't) did	man de la companya de	19 86	nd that in (my) (our) opinion	deoth occurred on the d	Aug 19		that (I) (we) lost couses stated
776 SIGNATURE Mursly	ella. Fin	ie ,		MEDICAL STA	FF CIAN []	8/11	SIGNED 1/86
22d. PHYSICIAN'S NAME (TYP	(A. Levin	٩	711 W. 404	nst Balt	mone	, MD	, 21211
230 BURIAL, CREMATION, REMOVA BURIAL	23b. DATE 08-13-86		cemetery or crematory coss Cemetery	23d LOCATION CITY OF TOWN Brooklyn	A.A.	COUNTY I	Maryland

DHMH - 16 60M 7/84 (VRA 15, 4)

74 FUNERAL DIRECTOR Loring Byers Funeral Directors, Inc. 8728 Liberty Road Randallstown, Maryland 21133

By State Care and San STATE OF STATE OF STATES

				STATE OF MARYLAND		n h 25
6486	1-	FOR STATE REGISTRAR	DEF	PARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	4 5 8
		EASED NAME FIRST	MIDDLE	LAST		DAY YEAR 26 HOUR
poge 3	(TYPE	Franklin		Halland	08 8	95 86 1:15 AM
od	3. SEX		RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
s of		male	Black	09 Z7	59 YRS	MONTHS DATS HOURS MIN.
10 24		THPLACE (STATE OF FOREIGN)	L CITIZEN OF WHAT COUN	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNTY	OF DEATH
		Md	OSH	WIDOWED DIVORCED	Ba Himore	ity MD.
142	0	altimore	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE SINAL	IURSING HOME OR OTHER INSTITUTION STREET ADDRESS) HOSPITAL	120 USUAL OCCUPATION (THAT OF WORK FOR MOST OF WORKING LIF	126 KIND OF BUSINESS OR INDUSTRY
filled in gold be and sold be	13a S	LERESIDENCE (IF NURSING HOME OR C TATE 13b. COUN	TY 13c. CITY OF	EBEFORE ADMISSION) R TOWN 13d INSIDE CITY LIMITS? YES M NO	13. STREET ADDRESS / ZIP CODE	elette Ave
2 sh	14 FA	THER'S NAME	ADDLE II LA	15 MOTHER'S MAIDEN NAM	ME	1 / LAST
1	B	ooker	Hol	land Fda	Mae	40114
direct Section 1		(AS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL	SECURITY NO. 17 INFORMANT	ADDRESS	
-		NO	218-	-22-3/49 Dhenman	tolland 5171	1.61
100		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	RY.			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(in)		IMMEDIATE		diac airest		
7			DUE TO, OR AS A CON	4		1.17
the attremove emotion	•	Conditions, if any, which gove rise to immediate		tension		
by the of use remove. Cremotic		underlying couse lost	DUE TO, OR AS A CON	SEQUENCE OF		
plea prol,		PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTIN	G TO DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIV	EN IN PART I I O
Then to b injury	NO	Metustut	1 1 1	0000		
permit.	CERTIFICATION	190 DATE OF OPERATION		VHICH OPERATION WAS PERFORMED	IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH? S \(\text{NO} \)
this certificate lee buriof-tronsit and Mental Hygical dor frem 18 sho	CER	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTI	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM IS F	ART I OR PART 2)
riol-tr entol	AL	OR CONTRIBUTING CAUSE OF DEAT	P.M.	19		
d AM	MEDICAL	214 INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION SIREET	CITY OR TOWN	COUNTY STATE
olth and morked	2	AT WORK NOT WHILE	THE STREET, VACIONIA	STREET, THAT ETC.		
use dealt		220.1 certify that (1) This hospite	8 - 25	2/		19_86, that (I (we) lost
of to		sow the decored alive on above, (1) (www.(did)) (did not			death accurred on the date and how	
DIRECTORNED OCHER FOR THE PROPERTY OF THE PROP		27k SIGNATURE	9 11	DEGREE ATTENDING _	MEDICAL STAFF	22c. DATE SIGNED
det		USBA J.	DOUNGUN	PHYSICIAN [DIRECTOR PHYSICIAN	8-25-86
Should be deto with the Stote [IMPORTANT: #		22d. PHYS AME (TYPE OR		22e ADDRESS	- H : 1 - 1	
with WPC		1 640	Southern	2 TNUT	_ Mospital	
Z # 3 \$ 1		URIAL, CREMATION, REMOVAL	23b DATE	231 NAME OF CEMETERY OR CREMATORY	Randa (1) Stown	COUNTY STATE
5 € 3 ₹ 1	23a B	PECIFY) Dunaial	0/20/06	Land Momora at David	I Vanda Heroun	
	(3	Burial NERAL DIRECTOR	8/28/86	King Memorial Park	E REC'D. BY REGISTRAR 256. REGIST	Md Md



Ust be notified at an

MPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the

FOR STATE

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	0	0	K	7	0
	1		4	0	7
REG	NO	-		-	7

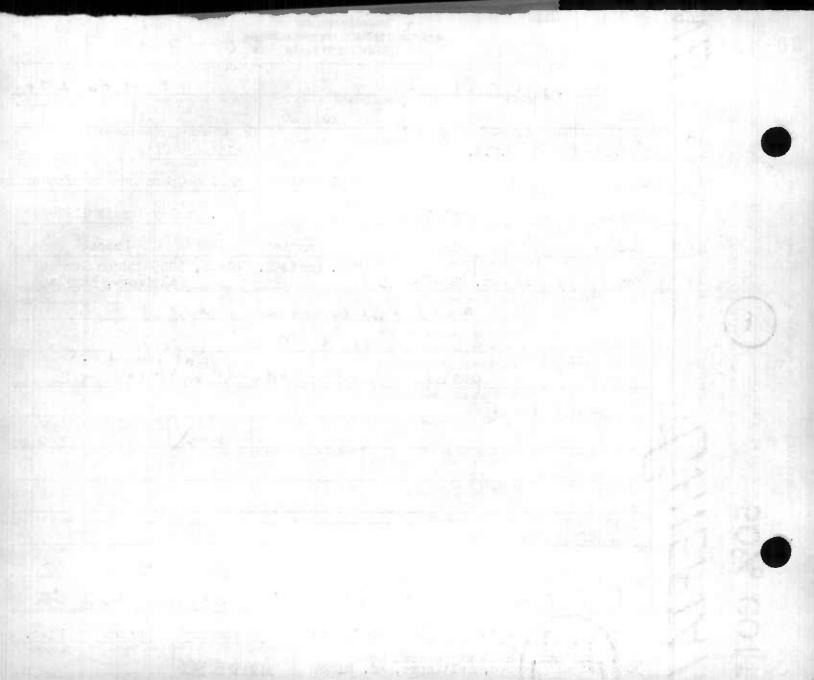
		EASED NAME FIRST	M	IODIE		ASI		20. DATE OF DEATH MONTH	DAY YEAR	26. HOUR			
	1	ofprint) mes.	000	E	_			8	21 86	238 PM			
- 3	3. SE)		4 RACE		5. DATE O	F BIRTH	110	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR	IF UNDER 24 HRS			
		Male	Whit	е	MONTH 8	20	29	57 YR	MONTHS DAYS	HOURS MIN.			
14		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF V	VHAT COUNTRY?	8.	NEVER MA	PRIED [9. BALTIMORE CITY OR COU	NTY OF DEATH				
1		ississippi	U.S.A		WIDOWE		RCED	Baltimore Cit	У	MD.			
91	10 C1	TY OR TOWN OF DEATH		OSPITAL, NURSIN		R OTHER INSTIT	UTION	120 USUAL OCCUPATION		OF BUSINESS OR			
7		altimore	Francis	Scott Ke	ey Med	lical Ce	nter	Machine Opera	tor Man	ufacturing			
1		L RESIDENCE (IF NURSING HOME OF TATE 13b. COU		SIVE RESIDENCE BEFORE		13d. INSIDE CITY	LIMITS?	13e STREET ADDRESS					
-		aryland —		Baltimor	re		10 🗆	35 S. Curley	Street 2	1224			
1700	I4 FA	THER'S NAME	MIDDLE	LAST		15. MOTHER'S M	AAIDEN NAM	MIDDLE MIDDLE	LA	ST			
		Hezzie		Holmes		Ma	ggie		Duncan				
1		AS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	RITY NO.	Mrserman	rie R.	Holmes, 3005	Hudson S	treet			
	,	**	ean Con.	425-58-7	7773				more, Ma				
		18 CAUSE OF DEATH (Enter of	nly one cause per	ine for (o), (b), one	d (c).)					ONSET AND DEATH			
77		PART I. DEATH WAS CAUS	ED BY: TE CAUSE (0)	Carli	00	ulmo	now	in oures	-				
77.)		IMMEDIA											
		Conditions, if any, which											
	gove rise to immediate												
cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF LANGUAGE LANGUA													
		CIVEN IN PART 1	 										
	Z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/6											
0	ATIC	190. DATE OF OPERATION	196 CONDI	ION FOR WHICH		YES, WERE FIND!							
/	CERTIFICATION					YES NO NO IN CE	RTIFYING CAUSES YES	NO [
0	CER	210. ACCIDENT WAS UNDERLYING	216. TIME OF	INJURY A. MONTH DA	Y YEAR	21¢ HOW INJU	RY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM	IB PART 1 OR PART 2}				
9	AL	OR CONTRIBUTING CAUSE OF DE	ATT!		19								
/	MEDICAL	21d. INJURY OCCURRED	21e. PLACE C	F INJURY		211 LOCATION		CITY OR TOWN	COUNTY	STATE			
	Z	AT WORK NOT WHILE AT WORK	(AT HOME, STRI	ET, FACTORY, OFFICE, F	ARM, ETC }	SINCE				317112			
4	111	220.8 certify that (I) (this hosp	oital) attended the	deceased from_			19	to	19	that (1) (we) lost			
V.		sow the deceased alive a abave, (I) (we) (did) (did)	nthe body.	ofter death	, or	id that in (my) (a	ur) opinion d	eoth occurred on the date and	hour and fram the	causes stated			
		22b. SIGNATURE	or) view the body i	orier deam.		DEGREE			22c. DATE	SIGNED			
40		Burry	ra Fl	enu	7		YSICIAN	MEDICAL STAFF					
T	100	224 PHYSICIAN'S NAME TYPE	OR PRINT)	1000		22e ADDRESS							
		B, Fle	mile	/		dear	ris	Scott Ille	Med	ch			
	23a. B	URIAL, CREMATION, REMOVA	1 236. DATE	23c. N	NAME OF C	EMETERY OR CRI	EMATORY	23d. LOCATION	COUNTY	STATE			
	,	Burial	8-25-8	6 An	tioch	Cemeter		Foxworth M	larion	Miss.			
	24. FL	INERAL DIRECTOR	Mattha	Tanana) U	20	25e. DATE	REC'D. BY REGISTRAR 256. REG	GISTRAR'S SIGNA	TURE			
-	L A	nn S. Matthews 3021 Eastern	Avenue	Baltimore	e. Md	21224	IAL	IC 25 1996	- La Capita	3			

AUG 25 1986

DHMH - 16 50M 4/B2 (VRA 15, 4)

TO HOSPITAL

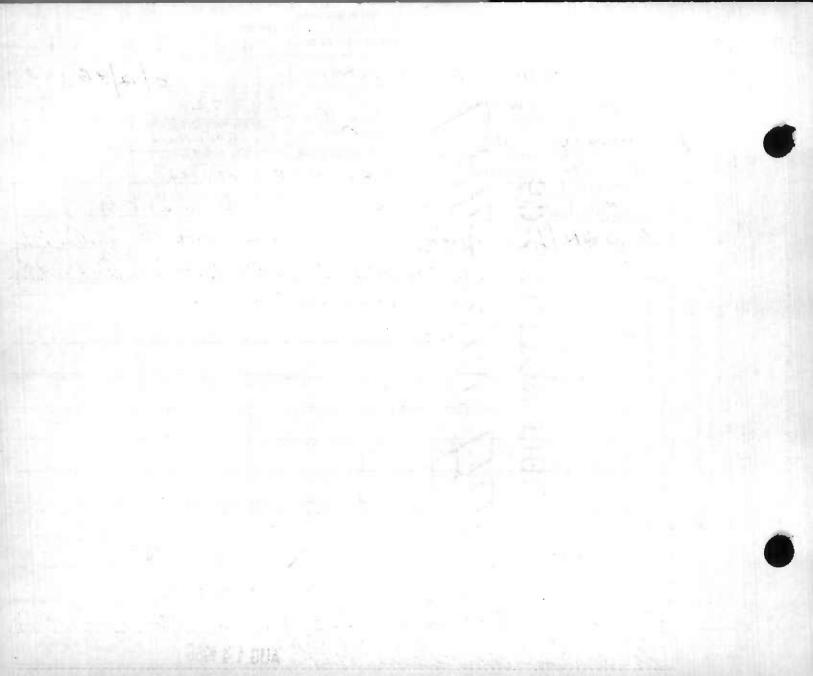
BP



00-1527	21.	Film G618 item 19a, FOR 8/19/86 rja STATE 8/19/86 rja REGISTRAR		STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL H' CERTIFICATE OF DEATH	0 0 60 60	4 4 0
oge 3 deoth	TYPE	CEASED NAME FIRST HONDERS ALVIN	WIDDLE	HOLMES, S.	REG. NO. 20 DATE OF DEATH MONTH DO 1 2 2	1 86 2b. HOUR
ge 4 moy ector. pog vrs ofter de	3. SE		4. RACE B	S. DATE OF BIRTH MONTH DAY YEAR 2 3	52 yrs. M	F UNDER TYEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN.
deoth. Pourerol du		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	MARRIED NEVER MARRIED L	1 4118	MD.
10 1 and 2	1	BALTIMURE	(IF NOT IN SUCH FACILITY, GIVE STR	SP	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126 KIND OF BUSINESS OR INDUSTRY Baltimor Housing Author
thou in the state of the state	13e. :	MD 3	ROTHER INSTITUTION GIVE RESIDENCE BEF NTY 136. CITY OR TO BALT BAL	YES NO	2904 VARLEY	AVE ZIZIS
	10	ather's NAME FIRST	MIDDLE Keep	15. MOTHER'S MAIDEN N Pauline	ADDRESS	Rasin
be seen on or seen or		VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SE VE WAR OR DATES) 213-34		Holmes 2904	Oakley Ave
g physici conpoper removal.		PART I. DEATH WAS CAUSI	nly one couse per line for (0), (b), ED BY: .TE CAUSE (0) Adult	Respiratory Dish	ess Syndrome	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
deoth ce offendin nove corb offen, or froumofic		Conditions, if ony, which gove rise to immediate	Due to, or as a consection (b) Septice	0: 1		
that the d by the lease rer lot, crem		couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEC	rated agstric u	lcer	
ow requires been signe rmin. Then p prior to bur ony injury,	VIION	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION GIVE 200 AUTOPSY? 200. IF YES,	WERE FINDINGS USED
N: The low rysicion. rocie hos bee consit permit Hygiene prio	CERTIFICATION	8 4 10 186	acute abo	lonen	YES NO NO IN CERTIFY YES STREET OF INJURY IN ITEM 18 PA	ING CAUSES OF DEATH?
HYSICIAN: T	MEDICAL C	OR CONTRIBUTING CAUSE OF DE CIFE EITHER NOTIFY MEDICAL EXAMINE	ATH HOUR A.M. MONTH	DAY YEAR 19 211 LOCATION	The state of the s	
DING PHYSING of After this ce to sthe burn on orked or the or the order of the burn of the order	ME	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFIC	E, FARM ETC) STREET	CITY OR TOWN	9 that (I) (we) last
ATTEND ospitol o ECTOR ed for use of of Hee		sow the deceased alive or	ontol) ottended the deceosed from	VI	on death occurred on the date and hour	, (11 (110) 1031
by the h by the h ERAL DIR e defoche Store Dep		AUI	izaron	ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	8/1484
TO HOSPITAL of retoined by the TO FUNERAL Eshould be detoined with the Store ElimphoRTANT: If		5. A. LA	ZAROU	SINAI	HOSP.	
BP		BURIAL, CREMATION, REMOVA (SPECIFY) Burial UNERAL DIRECTOR		arrison Forest Vet	CITY OR TOWN	ills Md
DHMH - 16 50M 4/83 (VRA 15, 4)			ome West 4300°%		1110 4 - 1000	Mdan-Handare



DHMH - 16 60M 7/B4 (VRA 15, 4) STATE OF MARYLAND



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

1.	FOR STATE REGISTRAR		DEPARTA		EALTH AND A		igie 6 2 2	2 4 4	2	
	CEASED NAME FIRST	A	AIDDLE	i	AST		20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR	
Univ	Anna			НС	ook		August 16, 198	16	7:15 A	
3. SE		4 RACE	100	S. DATE C		Mari	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR		
	Female	·Qhirw W	hite	9 30 02		83 YRS	MONIHS DAYS	HOURS MIN.		
	IRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	U.S.	WHAT COUNTRY?	T COUNTRY? 8. MARRIED NEVER MARRIED WIDOWED DIVORCED		Baltimore City Baltimore City				
	Balto.	Mary1	HFACILITY, GIVE STREET and Gene1	L, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION			(TYPE OF WORK FOR MOST OF WORKING		ory	
USUAL RESIDENCE IF NURSING HOME OR OTHER INSTITUTION GIVE 136 COUNTY 13			Balto.		13d INSIDE CI	TY LIMITS?	13e.STREET ADDRESS / ZIP CODE 140 W. Lafayette Ave. 21217			
14. F.	ATHER'S NAME FIRST	WIDDIE	LAST		15 MOTHER'S	MAIDEN NA	WE	(A	ST	
	WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES.	ARMED FORCES? GIVE WAR OR DATES)	166 SOCIAL SECU 214-07-34		Ms. Est	198 A	labama St. ADDRESS Buffalo, N.Y.			
	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMED	ISED BY.			ary Arrest			APPRO) BETWEEN	KMATE INTERVAL ONSET AND DEATH	
	Conditions, if ony, which		ras a conseque Septicemi							
	gove rise to immediate couse (a), stating the underlying couse last. DUE TO, OR AS A CONSEQUENCE OF Aspiration Price				eumonia					
_	PART 2 OTHER SIGNIFICAN	IT CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CONDITION O	EIVEN IN PART 1	0	
Schizophrenia, Coronary Artery Disease, Hypertension										
CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFOI	RMED	IN CER	YES, WERE FINDS TIFYING CAUSES YES [
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.	M. MONTH DA	YEAR	21c HOW IN.	IURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM II	B PART I OR PART 2)		
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE		1	211 LOCATIO	N	CITY OR TOWN	COUNTY	STATE	

220.1 certify that (X(this hospital) attended the deceased from August 9, 86 , and that in (n) (our) opinion death accurred on the date and hour and from the causes stated saw the deceased alive on August 726: SIGNATURE DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22d. PHYSICIAN'S NAME TTYPE OF PRINT

23b. DATE

8-20-86

22e ADDRESS

23c NAME OF CEMETERY OR CREMATORY

CITY OR TOWN

224 DATE SIGNED

STATE

c/o Maryland General Hospital

23d. LOCATION

(SPECIFY) Remova 1 24. FUNERAL DIRECTOR NAME

23a. BURIAL, CREMATION, REMOVAL

ADDRESS Anatomy Board

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Balto., Md.

COUNTY

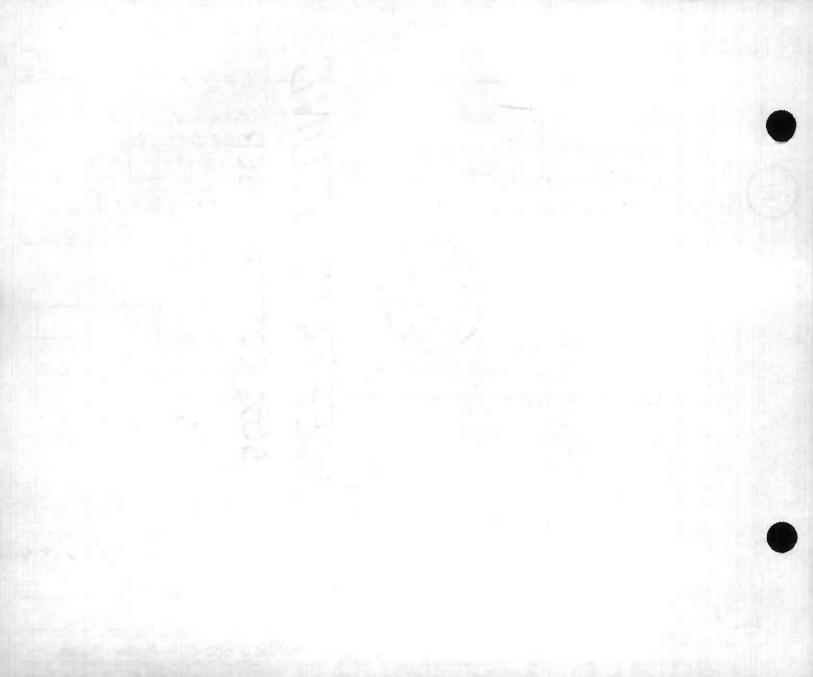
DHMH - 16 60M 7/B4 (VRA 15, 4)

0

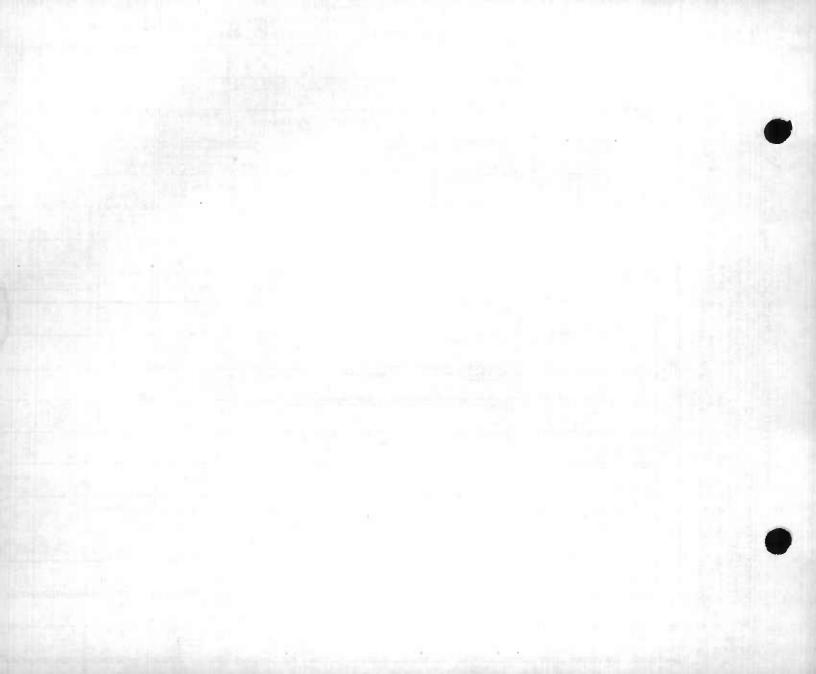
morked or Item 18

If Hem 21 is

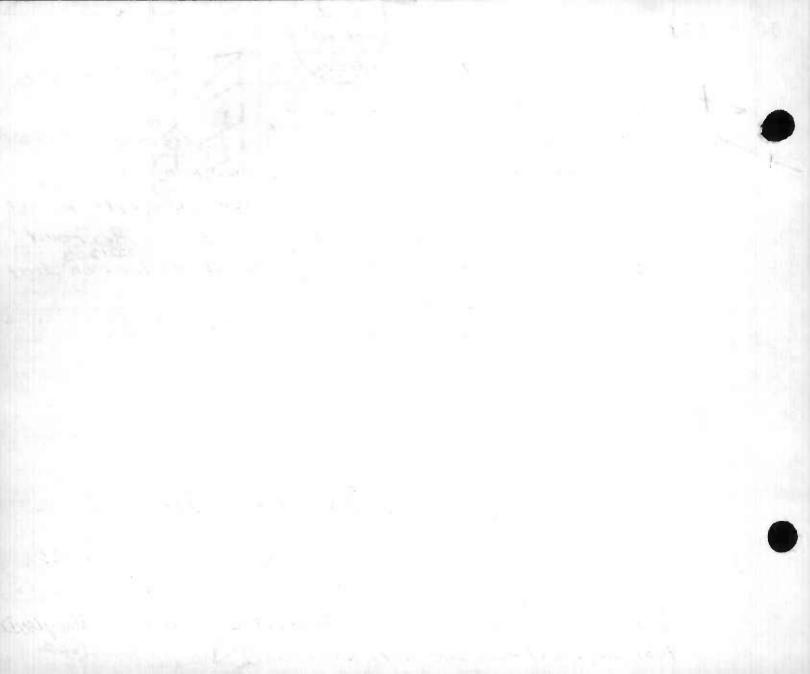
IMPORTANT



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR REG. NO I. DECEASED NAME 20. DATE KNOWNXX OF ESTI-DEATH MATED 2b HOUR MONTH (TYPE OR PRINT) IS NECESSARY, PLEASE
E FUNERAL DIRECTOR.
FOUR FILES.
ED THEN 72 HOURS Michae] Hooks 8-2 1986 4 RACE DATE OF BIRTH 6 AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS 2c DATE 3:59 LAST BIRTHDAY PRONOUNCED DEAD 1986 MALE BLACK 04 - 03 - 6620 YRS P. M TO BIRTHPLACE ISTATE OF 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) WIDOWED DIVORCED JELAY IS N NW 3 TO THE FU STAIN PAGE JULD BE FILED CORDS, NO. Baltimore City BALTO MD 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION STYPE OF WORK 112h KIND OF BUSINESS OR INDUSTRY lobby of - 770 W. Saratoga St. CONSTRUCTION Baltimore 13b. COUNTY 13a STATE 13d INSIDE CITY LIMITS? 13e STREET ADDRESS MARYLAND BALTIMORE BALTIMORE 867 W. LEXINGTON 14. FATHER'S NAME FIRST MIDDLE LAST FIRST RANDOLPH MELVA JEAN JOHNNY MARTIN HOOKS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO. **ADDRESS** DIVISION MELVA BURLEY 867 W. LEXINGTON ST. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W TO FUNERAL DIRECTOR; PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, D. BALTIMORE, MARYLAND, 21201 PRIOF TO BURIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Multiple Gunshot Wounds (unspecified) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES XX NO [21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 23 W OR HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 8-2 19 86 subject was shot 21e PLACE OF INJURY (AT HOME 211 LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK 770 W. Saratoga St., Baltimore, Maryland lobby Autopsy XX 220 I certify that stook charge at the remains developed above, held on Hamicide XX death resulted from Natural causes Undetermined manner DATE 8-3-86 Assistant EXAMINER'S NAME Dennis F. Smyth /M.D. 111 Penn St., Baltimore, Md. (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23ª LOCATION BALTIMORE, MARYLAND BURIAL 08-06-86 CEDAR HILL CEMETERY 07/B4 BP 250. DATE REC'D. BY REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH - 17** BROWN/THOMPSON F.H. 1913 W. BALTIMORE (VR A15 ME (5))



00-15	83	1.	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND IMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	regine 6 2 2	4 4
y be 200 3 death			CEASED NAME FIRST OR PRINT) LEO	MIDDLE	HOOVER	20 DATE OF DEATH MONTH	17 86 8.15PM
Toge 4 mg	+	1.56	MALE	1. RACE CAUCASION 76. CITIZEN OF WHAT COUNTRY	5. DATE OF BIRTH MONTH DAY 12 20	6. AGE (IN YEARS LAST BIRTHDAY) YRS. 9 BALTIMORE CITY OR COUNT	MONTHS DAYS HOURS MIN.
	33		Maryland Maryland	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimo	ne City MD.
1 10	10	\mathcal{B}	9Ltimore	LAPAYETE SCHERKITY, GIVE STREET	ware Dursing Hom	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING HANDY MAN	I/E) INDUSTRY
his 24 ho by tilled in should be	35	130	TATE 136 COL			130 STREET ADDRESS / ZIP COI	ette Avenue
	700	3	Solomon VAS DECEASED EVER IN U.S. A		N MARY	3, ADDRESS	Rexroad
be essent on and it. Pages	e medica			RMED FORCES? 166 SOCIAL SEC GIVE WAR OR DATES) 33226	3089 Henry P.	. /	EMMON Street
quires that the death certification of the attending of the attending of the attending of the attending of	to buriol, cremation, or retni njvry, or other traumatic eve	NO	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQ		Chear Diski	ase
he law re ion. has been	Aud small	THEATION	196 DATE OF OPERATION	19b. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? YES NO NO
rSiCiani ling physic certificate uniol fram	A Heart 18 th	DICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER. NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED	EATH HOUR A.M. MONTH	DAY YEAR 19 211 LOCATION	JRRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2}
OING PH Or others After this	oth and a	MEDIC	WHILE NOT WHILE AT WORK	I AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
ITAL OR ATTEND THE MOSPINE RAL DIRECTOR, deroched for up	Afrik Best of He		saw the deceased olive a abave, (1) (We) (did) (did- 22b. SIGNATURE	ang-yer f	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	pur and Iram the causes stated 22c. DATE SIGNED
O HOSFITAL stoned by 1 TO FUNERAL should be def	MPOSTANT		KUANG	-YEN HUA	NG 517 SC	77 St Bal	to MD 2/230
вР	_	B	URIAL, CREMATION, REMOVA	and a c	ARRISON FORTE	ST Owings M	ILS MARYLANT
DHMH - 16 50A (VRA 15,		1	INERAL DIRECTOR ARCHFUNERO	al Home INC.		AGE REC'D. BY REGISTRAR 256. REGISTAR 256. R	STRAR'S SIGNATURE



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFICATE OF	DEATH	REG. NO			
I. DECEASED NAME FIRST	MIDDLE	LAST	2	DATE OF DEATH W	AONTH DAY	YEAR	26. HOUR P
LILL	IAN Viola	HORN		AUGUST 3,	1986		4:184
3 SEX	4 RACE	5 DATE OF BIRTH	6.	AGE (IN YEARS LAST BIRTH		UNDERTYEAR	IF UNDER 24 HRS
Female	White	11 26°	1906	79	YRS.	NIHS DAYS	HOURS MIN.
To. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER	44 ADDIED 19.	BALTIMORE CITY OR	COUNTYO	FDEATH	- CILID
Maryland	U.S.A.		NORCED	BALTIMO		YT	MD.
BALTIMORE	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET THE JOHNS HO	ADDRESS)	- (TO USUAL OCCU TIC TYPE OF WORK FOR MOST OF Self Employ	WORKING LIFE)	INDUSTRY	tion Sh
USUAL RESIDENCE (# NURSING HOME O 136. STATE 136 COU Maryland		N 13d. INSIDE C		estreet Address /			Charle St.
14 FATHER'S NAME FIRST Christian	MIDDLE LAST Mack		S MAIDEN NAME				erman
160 WAS DECEASED EVER IN U.S. AL		RITY NO 17. INFORMA	ANT	ADDRES	s Balto)., Md	. 21222
(YES, NO OR UNKNOWN) . (IF YES, GI	212/03/8	735 Dorotl	hy L. Day	venport 754	4 West	field	Rd.
PART I. DEATH WAS CAUS	nly one couse per line for (o), (b), gn. ED BY: Vector	reular	Tacky	eaulia		BETWEEN C	hours
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	wor on	yocarl	Eal Say	fare, Dire	Don .	7 days
Z O DATE OF OPERATION	CONDITIONS CONTRIBUTING TO 1	T THE .			TION GIVEN		
710 ACCIDENT WAS UNDERLYING					TN CERTIFYIN	G CAUSES	

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

19 P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

HOUR A.M. MONTH DAY

211 LOCATION

YEAR

CITY OF TOWN

(our) opinion death occurred on the date and hour and from the causes stated

COUNTY STATE

220 I certify that (1) (this 226. SIGNATURE

DEGREE ATTENDING 22e ADDRESS

Oak Lawn Cemetery

MEDICAL

22¢ DATE SIGNED

22d PHYSICIAN'S NAME (TYPE OR PRINT)

230. BURIAL, CREMATION, REMOVAL

WILSON

23c. NAME OF CEMETERY OR CREMATORY

WOLFE ST. BALTOMD. MD. Baltimore,

Burial 24 FUNERAL DIRECTOR

MEDICAL

Walter Brooks Bradley Inc. Batto., Md. 21222

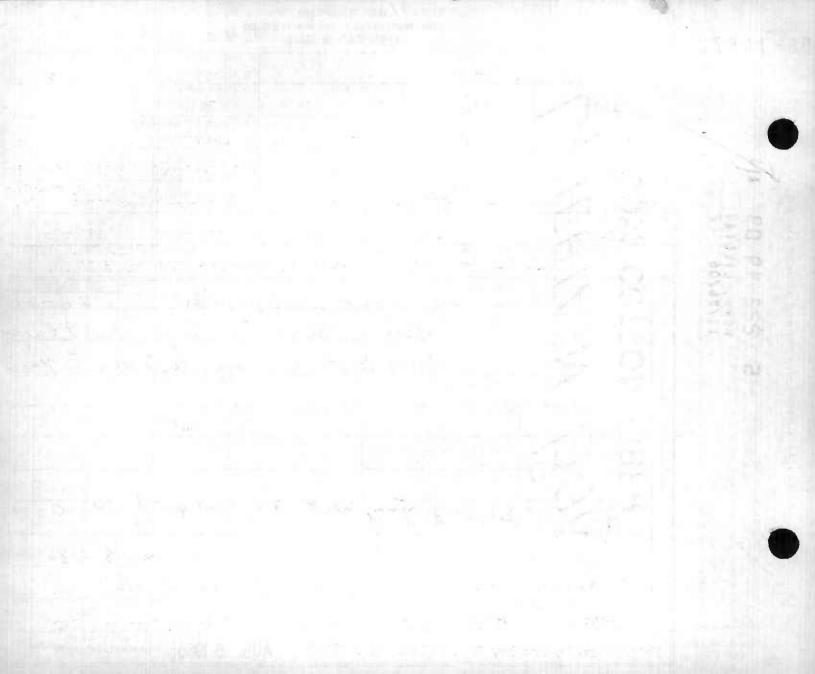
8/7/1986

23b. DATE

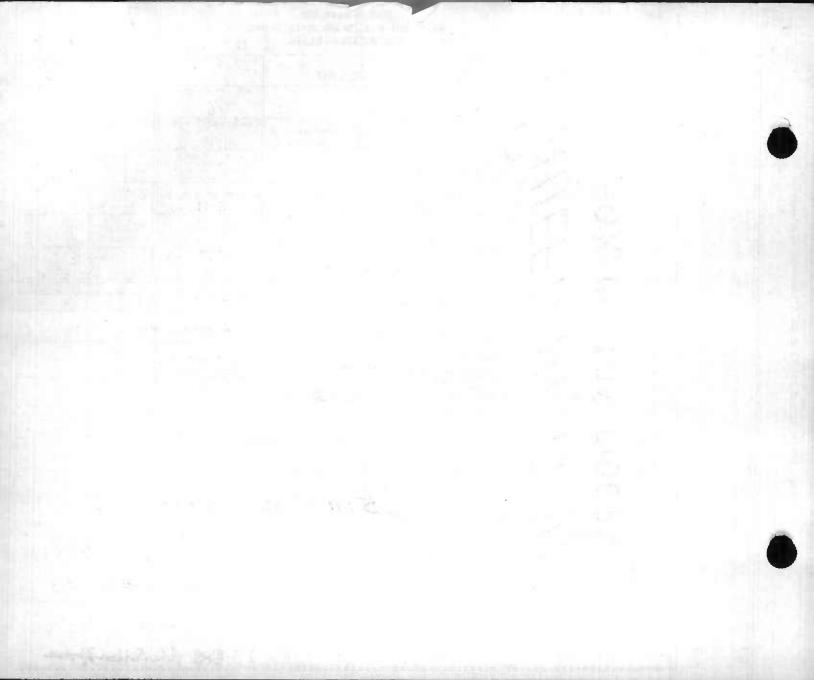
Julia Davidson Gandalik

205 Maryland 21224

DHMH - 16 60M 7/B4 (VRA 15, 4)



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR LAST 2a. DATE OF DEATH DECEASED NAME 2b. HOUR (TYPE OR PRINT) 86 HENRY W. HORSEY 3 SEX 4. RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH YEAR DAYS MALE **BLACK** 10 BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED MARYLAND WIDOWEDIX DIVORCED | BALTIMORE CITY 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 128. USUAL OCCUPATION 128 KIND OF AUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BALLINGS BALTIMORE LUTHERAN HOSPITAL SCHOOL ADMINISTRATOR PUBLIC SCH. SUAL RESIDENCE (F OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI STREET ADDRESS / ZIP COD 5920 Old Frederick 30 STATE 13t. CITY OR TOWN 13d INSIDE CITY LIMITS? Rd. Baltimore, Maryland 21228 MARYLAND BALTIMORE 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Alfred Horsey Nettie Green 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT 3528 Princhester Road (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Yes WW 214-40-5452 Mr. Howard Evans Baltimore, Maryland 21215 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)
PART I, DEATH WAS CAUSED BY CARDIOPULMONARY ARREST IMMEDIATE CAUSE (a) PNEUMONIA AND RESP FAILURE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate ESOPAGIAL CARCINOMA couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Lia **FICATION** SETBURES 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 206 IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOSC NO T 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OF TOWN COUNTY AT HOME STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE 22a I certify that (1) (this haspital) attended the deceased from 86 sow the deceased alive on_ and that in (my) (our) apinian death occurred on the date and hour and from the causes stated DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS old . LUTHERAN HOSPITAL 23c NAME OF CEMETERY OR CREMATORY 23e BURIAL, CREMATION, REMOVAL 23b DATE 23d LOCATION ENTOMBMENT 8/16/1986 Arbutus Memorial Park Baltimore, Maryland 24 NUTTERRE& SONS FUNERAL HOME, INC. DHMH - 16 60M 7/84 2501 GWYNNS FALLS PKWY. BALTIMORE, MD. 21216 (VRA 15, 4)



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3	REG.	NO.	2	2 4	4	-
OF	DEATH	MONTH	DAY	YEAR	2b HOUR	_

	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.	66441
I. DE	CEASTO NAME FIRST	MIDDLE		AST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
1	JONE	S ILEWEL	LEN H	OUCK	THURSDAY AU	G 21 1986 2:35A M
1.56		4 RACE	5 DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	MALE	BLACK	MA Y	10. 1905	81	MONTHS DAYS HOURS MIN.
7a BI	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	INTRY? 8		9 BALTIMORE CITY OR COL	UNTY OF DEATH
	COUNTRY)	US of A	MARRIEI	NEVER MARRIED		
10.0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL I	WIDOWE		BALTIMORE C	12b. KIND OF BUSINESS OR
1		(IF NOT IN SUCH FACILITY, GIV	/E STREET ADDRESS)		TYPE OF WORK FOR MOST OF WORK	
-	BALTIMORE AL RESIDENCE LIF NURSING HOME		MORE AVE	NOE	VE-L TUEN	FUBLICATION
13u. S	STATE 13b CO	UNTY 13c. CITY O	RTOWN	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP	
-	ARYLAND	BALT	IMORE	YES X NO	5328 DENM	ORE AVENUE 21215
IICE:	ATHER'S NAME	MIDDLE	AST	15 MOTHER'S MAIDEN N	MIDDLE	LAST
	MILLIAM	E HOU		MARTE		JONES
	WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIA	AL SECURITY NO.	17 INFORMANT	ADDRESS	
	NO	216	03 6830A	MRS. LOUISI	E A. HOUCK 532	28 DENMORE AVENUE
	18 CAUSE OF DEATH (Enter	anly one couse per line for (a),	ibi, and con	1	J. C. Land B. L.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAU	IATE CAUSE (a)	laco)	ulmon	an aunt	munule
		DUE TO, OR AS A CON	ISECHENCE DE		()/1	,
	Conditions, if any, which	(in me	tustal	u palien	and feligi	- Inv
10	gave rise to immediate couse 10), stating the	DUE TO, OR AS A CON	HEE CHENICE OF	1. 9.	Mar	
-7	underlying cause last.	DOE 10, OR AS A COI	NSEO DEINCE OF	protes	ay torne	
	PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTION	NG TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	N GIVEN IN PART 1:0
Z.	1	-				
FICATION	WILLIAM PEDERASION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED		IF YES, WERE FINDINGS USED
H	7/22/86	molecus	I fehin	shirt wasts	YES NOT	CERTIFYING CAUSES OF DEATH?
1	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	-0	21c HOW INJURY OCCU		
1 a	OR CONTRIBUTING CAUSE OF					
MEDICA	(IF EITHER NOTIFY MEDICAL EXAMINATION OF THE PROPERTY OF THE P	NER) P.M. 21e PLACE OF INJURY	19	211. LOCATION		
W	WHILE IT NOT WHILE IT	(AT HOME STREET, FACTORY,	OFFICE, FARM ETC)	STREET	CITY OR TOWN	COUNTY STATE
	AT WORK		· MAIN	4	1	er/
	22a. I certify that (I) (this has	spital) all inded the deceased	0.0	19 0	, to	, 19, that (1) (we) last
	abave (we) (did) (did)	ng) view the body of en death.			death occurred on the date on	d hour and from the causes stated
	77k SIGNATURE	N. D.		DEGREE ATTENDING	MEDICAL STAFF	27c. DATE SIGNED
	10000	furt	1	PHYSICIAN	DIRECTOR PHYSICIAN	3 8123 186
	HE PSICIAN'S NAME (TYP	1/		22e ADDRESS		
	KILHARDI	4 HIRAT	4			
	BURIAL, CREMATION, REMOV	AL 23b DATE	23c NAME OF C	EMETERY OR CREMATORY		COUNTY TOMESTATE
	BURTAL	8/26/86	ARBUTUS	MEM. PARK	BALTIMORE	(BALTON) MD.
26 11	HISTORY PROCESS	1 0/20/00	414	26 0	TE DEC'D BY DECYMENT DISCUSSION	CONTRACTOR OF THE PARTY OF THE

DHMH - 16 60M 7/B4 (VRA 15, 4)

LEWIS T. GWYNN 4517 PARK HEIGHTS AVENUE

AUG 25 1986

Maria V

\$5:5 950 12 and Averaged 15:32

nue sente 10,1955 M Nes of 1 X manager CeY

COLUMN STATE STATE OF THE STATE

and the state of t

. The (and the second of the s

236 DATE

Anatomy Board

8-8-86

MONTH AGE (IN YEARS LAST BIRTHDAY) 9 BALTIMORE CATY OR COUNTY OF DEATH 120 USUAL OCCUPATION 126 KIND OF BUSINESS LTYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY aundry 13e.STREET ADDRESS / ZIP CODE Robinson St. Ms. Lillian Parker Balto., Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH NGESTIVE HEART FAILURS BSTRUCTIVE LUNG DISEASE 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinion death accurred on the date and have and from the causes stated

23c NAME OF CEMETERY OR CREMATORY

Balto.,

23d LOCATION

CITY OR TOWN

COUNTY

STATE OF MARYLAND

DHMH - 16 60M 7/B4 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL

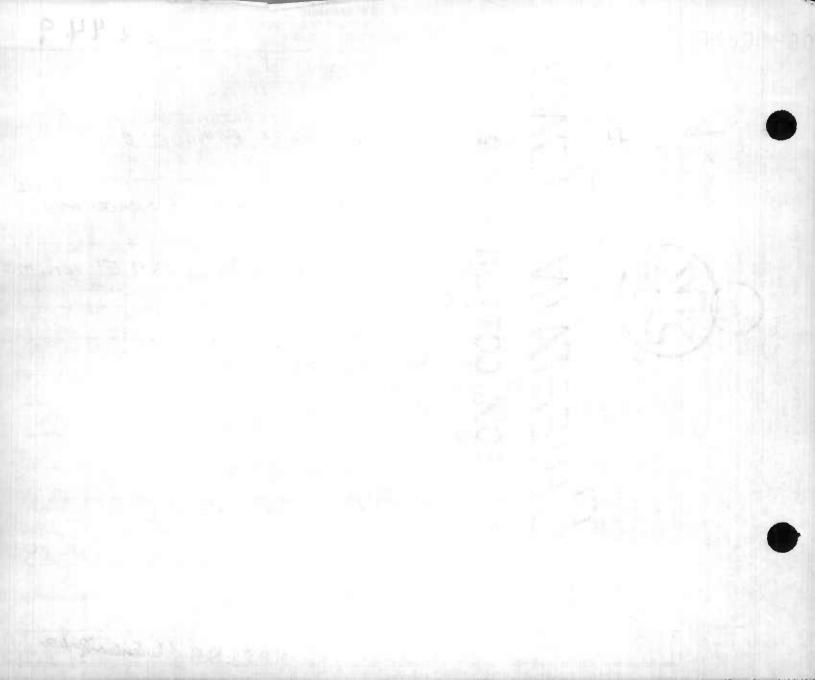
Removal

(SPECIFY)

24 FUNERAL DIRECTOR

AUG 15 1986 Aug. Marchan Land

STATE OF MARYLAND



STATE

Md.

DHMH - 16 60M 7/B4 (VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21

STATE OF MARYLAND

22451

7	1-	FOR STATE REGISTRAR			HEALTH AND MENTAL HYO	GIENE 6 2 2	451
	TYPE	CEASED NAME FIRST	PH	AIDDLE	OWARD)	20. DATE OF DEATH MONTH August 22	2,1986 2 PM
21	3 SE2	MALE	CAUC	CASIAN "3	OF BIRTH DAY YEAR 8 43	6. AGE (IN YEARS TAST BIRTHDAY) 4 3 YRS	IFUNDER I YEAR IFUNDER 24 HRS MONTHS DAYS HOURS MIN.
5		RTHPLACE ISTATE OR FOREIGN COUNTRY) MARYIANO		WHAT COUNTRY? 8 MARK	NEVER MARRIED DIVORCED	BALTO City	MD.
8	to	RALTIMORE CIT	UNIVERS		Lto-MIEMSS	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST DE WORKING Machine Opr.	12b. KIND OF BUSINESS OR INDUSTRY Gen.Electric
E	13a. S	Md Ba	alto.	GIVE RESIDENCE BEFORE ADMISSION 13c. CITY OR TOWN Balto.	YES [77 NO [2]		DE DWINGS MILLS, MID
3	2	EDWARD	MIDDLE	HOWARD	MARIE T	. Dressel	LAST 21117
2			GIVE WAR OR DATES)	217-40-720	5 Suzanne H	oward (wife)	same address APPROXIMATE INTERVAL APPROXIMATE AND REATH
	NO	Canditions, if any, which gave rise to immediate couse (a), stating the underlying cause lost	DIATE CAUSE (b) 2 DUE TO, OF (c)	R AS A CONSEQUENCE OF	THE CONTRACT RAUMA OTTEACORESE AL UTNOT RELATED TO THE TERM	TICH BINATOMA	2 DAYS
1	SAL CERTIFICATION	190 DATE OF OPERATION S - 20 - 86 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ☐ CAUSE OF	INTR	M. MONTH DAY YEA	HEMASOMA 21c. HOW INJURY OCCUR	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? (ES \(\text{NO} \) PART OR PART 7)
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		EET, FACTORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
		220.1 certify that (I) (this his saw the decreased alive above. (I) (kee) did (did	on #36. I not view both	ANG MO	ATTENDING PHYSICIAN [death accurred on the date and he MEDICAL STAFF DIRECTOR PHYSICIAN DE	19.16, that (I) we lost out and from the couses stated 272. DATE SIGNED 8-22-86 PALTIMORE, MI
	23a. B	URIAL, CREMATION, REMOV	AL 236 DATE	23c NAME OF	CEMETERY OR CREMATORY	23d LOCATION	

DHMH - 16 60M 7/84

TO HOSPITAL OR ATTENDING TO FUNERAL DIRECTOR: After etoined by the hospital

BP.

(VRA 15, 4)

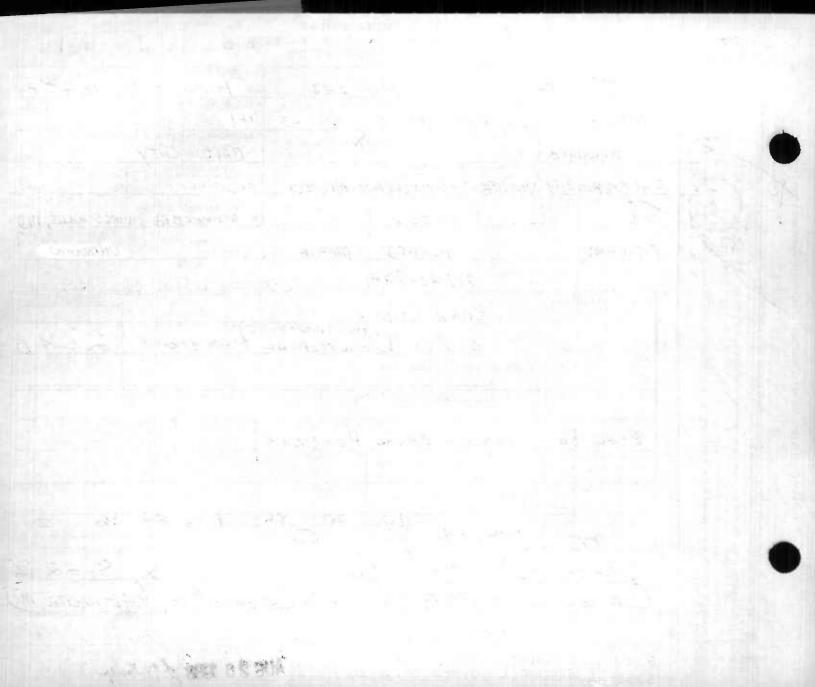
8/26/86 Burial
74 FUNERAL DRECTOR
Schimunek Funeral Home Ports Inc.
Brehms Lane, Balto., Md.

Holy Redeemer

Balto.,

Md.

250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE



				STATE OF MAKILAND		
ω.	1.	FOR STATE	DEPAR	TMENT OF HEALTH AND MEN CERTIFICATE OF DEA	1.4 2	22452
-14013	LDE	REGISTRAR FASED NAME FIRST	WIDDLE	CERTIFICATE OF DEA	REG. I	
be 3		CEASED NAME FIRST Hele		Huber	20. DATE OF DEATH	8-8-86 1142pm
poge r dec	3 SE	11616	4. RACE	Is. DATE OF BIRTH	6 AGE (IN YEARS LAST B	111
ctor.		Female	white		VEAR 6 80	MONTHS DAYS HOURS MIN.
Pogo	7a Bi	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY		- 9 BALTIMORE CITY	OR COUNTY OF DEATH
oth.	1	MARYLAND	U.S.A.	WIDOWED DIVOR	The second of	MORE CITY - MD.
1 2	10 C	TY OR TOWN OF DEATH	LIF NOT IN SUCH FACILITY, GIVE STRE		TION 12a USUAL OCCUPA	
	10211	BALTO.		cott Key Hos		
D 21	13a S	AL RESIDENCE (IF NURSING HOME OR TATE 13b COUN	VIY 13c. CITY OR TO	WN 13d. INSIDE CITY L		
hir sh	14 F/	THER'S NAME	SALT	YES NO	AIDEN NAME	ODELL AVE.
MARYLAND 2120 ed within = houre ond 2 should like examiner must be in		HARRY W	SCHAECH	FIRST	RY B. SUN	NDERLAND.
Control Control		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC	URITY NO. 17 INFORMANT	ADDI	RESS 21234
FIMOR on and seed on an and seed on an analysis of the seed of the seed on an analysis of the seed on an analysis of the seed on an analysis of the seed of the seed on an analysis of the seed on an analysis of the seed on an analysis of the seed of the seed on an analysis of the seed of the seed on an analysis of the seed of the seed on an analysis of the seed	1	No Tries Give	216-01-	8485 Mr. Freder	ich C. Huber - 20	117 Colgewood ave.
, BAL ficate hysicie paper oval. ent, the		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), o			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST.			TE CAUSE (0) Cordio	ic acrest		
o di popi			DUE TO, OR AS A CONSEQ	1 .		
e deoi e atter move onation, troum		Conditions, if any, which gove rise to immediate	(b) PCOSUS	ed 200218		
W. or the server server or the other		couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEQ	1 ,	failure.	
gned the pleo buriol, y, or o		PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO			NDITION GIVEN IN PART 110
DS signal	NO.					
BECOR Is been as been	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHIC	HOPERATION WAS PERFORME	D 20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
	RTIE				YES NO	YES NO NO
SICIAN: The age physicio certificate entol Hygical From 18 should be a second by the age of the age		21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA		DAY YEAR	Y OCCURRED (ENTER NATURE OF INJ	IURY IN ITEM 18 PART T OR PART 2)
ON OF	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER		19		
S to the pop	MED	21d. INJURY OCCURRED WHILE NOT WHILE	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.) 211 LOCATION	CITY OR T	TOWN COUNTY STATE
DING or off After se os fl colth or marke		AT WORK AT WORK	tal) attended the deceased from	8/4/86	0 80 10 8/3	E 19 6 that (I) (we) last
Z o S I S		sow the deceased alive on	3/9	16	/	date and hour and from the causes stated
OR ATT OR ATT OR ATT DIRECT oched fo Dept. of		22b SIGNATURE	it) view the body ofter death.	DEGREE		22c. DATE SIGNED
At O At Didetock		andre	Il obi		NDING MEDICAL STA	AFF ICIAN & 8/9/86
HOSPIT ined by FUNER wild be the Sit		22d. PHYSICIAN'S NAME (TYPE O	OR PRINT)	22e ADDRESS	~ /	1 5
TO HOSPITAL retoined by the TO FUNERAL should be deto with the State IMPORTANT: H		Hodrew	Dobini	7D 490	10 Easter	- AUB BUILDE
	23a. E	URIAL, CREMATION, REMOVAL SPECIFY) BURIAL		NAME OF CEMETERY OF CREW		COUNTY STATE
BP	24 FI	BURIAL INERAL DIRECTOR	10-12-06	GARDENS OF F	HILL OUT	RZS REGISTRAR'S SIGNATURE
DHMH - 16 60M 7/84 (VRA 15, 4)	0	NAME CO	- 7527 Hand	-101	ALIG 1 1 1986	Sulia Davidson-Kandall
(444, 12, 4)		tante of trule	rual dark	a con add.	700 - 1000	17

Service of the servic

other froumotic

	FOR	
-	STATE	
	DECISTRAD	

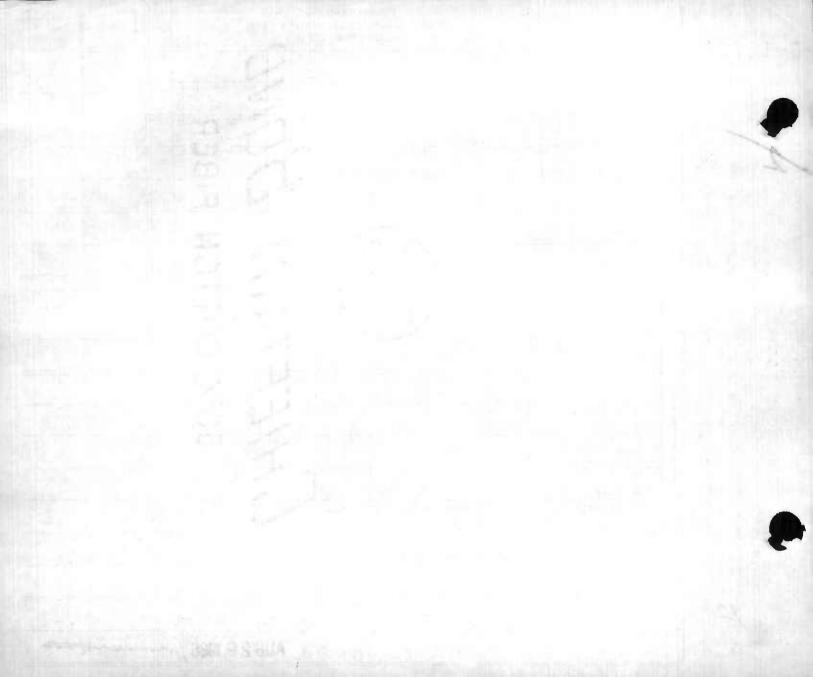
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH

6	2	2	A	5	3

	REGISTRAR		CERTIF	ICATE OF L	EAIN	REG. N	0.				
	DECEASED NAME FIRST	WIDDIE		AST		20. DATE OF DEATH		DAY YE	AR 2	b HOUR	
L	Calvi	n Leroy	HUI	RIEY JI	₹.	August	26.	1986		2:55	БРМ
3	SEX	4 RACE		F BIRTH		& AGE (IN YEARS LAST BI		IF UNDER I	_	F UNDER 24	
	Male	Black	10	4	43	42	YRS	MONTAS	PATS	HOURS	MIN,
-17	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	UNTRY? 8	D NEVER A	AARRIED X	9 BALTIMORE CITY	R COUNT	Y OF DEAT	Н		
1	Maryland	U.S.A.	WIDOWE		VORCED	Baltimo	re Ci	tu			MD.
TH	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL		OR OTHER INST	ITUTION	120 USUAL OCCUPAT	ION	12b KI		BUSINESS	OR
	Baltimore	Maryland G	eneral Hos	spital		N/A	J1 47 ONK 114 O	(14)	1111		
4	JSUAL RESIDENCE (IF NURSING HOME OR 30 STATE 136 COUN		OR TOWN	13d INSIDE C	ITY I IAAITS2	13e STREET ADDRESS	/ 7IP COI	NE .			
1	Maryland		timore	YES X	NO 🗌	1312 Myrt	le A	venue	21	217	
1	L FATHER'S NAME	MIDDLE	LAST		MAIDEN NAM	NE MIDDLE			LAST		
1	Calvin L		ley		line	WIDOLE		Boot	S		
16	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOC	IAL SECURITY NO.	17 INFORMA	NI	ADDR	ESS	1			
L	NO		-40-9120	MAdel	ine Boo	ots 1308 M	1rytle	e Aven	iue		
Г	18 CAUSE OF DEATH Enter on	ly one couse per line for to), (b), ond (c)					BETV	PROXIMA VEEN ON!	TE INTERVA	ATH
	PART I. DEATH WAS CAUSE	E CAUSE (o) Res	piratory,	cardia	c arres	t					
		DUE TO, OR AS A CO	NSEQUENCE OF								7
1	Conditions, if ony, which	((b) Ma	lignant pi	ueral	effusio	n					
1	gove rise to immediate couse to, stating the	DUE TO, OR AS A CO	NSEQUENCE OF		1 120						
	underlying couse lost	(c)									
	PART 2. OTHER SIGNIFICANT C	CONDITIONS CONTRIBUT	ING TO DEATH BUT	NOT RELATED	TO THE TERMI	NAL DISEASE OR CON	DITION G	IVEN IN PAR	RT 110		
1	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING				8/11/1				1011		
	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFO	RMED	20a AUTOPSY?	20b. IF YI	ES, WERE FI IFYING CAL	NDING JSES O	S USED	,
						YES NO NO	Y	ES 🗌		NO 🗆	
		216. TIME OF INJURY HOUR A.M. MON	TH DAY YEAR	SIC HOW IN	JURY OCCURRE	ED (ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR PAR	1 2)		
	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M.	19								
	OR CONTRIBUTING CAUSE OF DEA	(AT HOME STREET, FACTOR		21f LOCATIO	N	CITY OR TO	WN	COUNT	Υ	STAT	E
	AT WORK AT WORK										
	22a I certify that (IX) this hospit				. 1986	to _ Augus	26	. 1986	, the	X 11 (we)	lost
	sow the deceosed olive on obove, (howe) (did) (dylang	August 26	19 <u>86,</u> on	d that in (My)	(our) opinion di	eoth occurred on the d	ote and ho	ur and from	the cou	uses stote	d
П	226 SIGNATURE	17/	and	DEGREE	TTENDING	MEDICAL STA	/	37c. D	AFE SK	SNED	-
-	nuslythe	1 Hegen	111-6	. F	PHYSICIAN [DIRECTOR PHYSIC		18	26/	26	
	724 PHYSICIAN'S MAME (TYPE O	R PRINT;		22e ADDRES	5			1	/		
-		r Hogan, M.I				land Genera	I Ho:	spital			
23	Burial, CREMATION, REMOVAL		231 NAME OF C			23d LOCATION		COUNTY		STAT	
L	(SPBÜR I AL	8/30/86	Eastvie	w Memor		Baltimor			Md	•	
24	FUNERAL DIRECTOR	1101 =	DDRESS		25a DATE	REC D BY REGISTRAR		TRAR'S SIG		E	
L	MArch Funeral Ho	mes 1101 Ea	st North	Avenue	AU	029 1960	Juna	Industry Con			

DHMH - 16 60M 7/84 (VRA 15, 4)

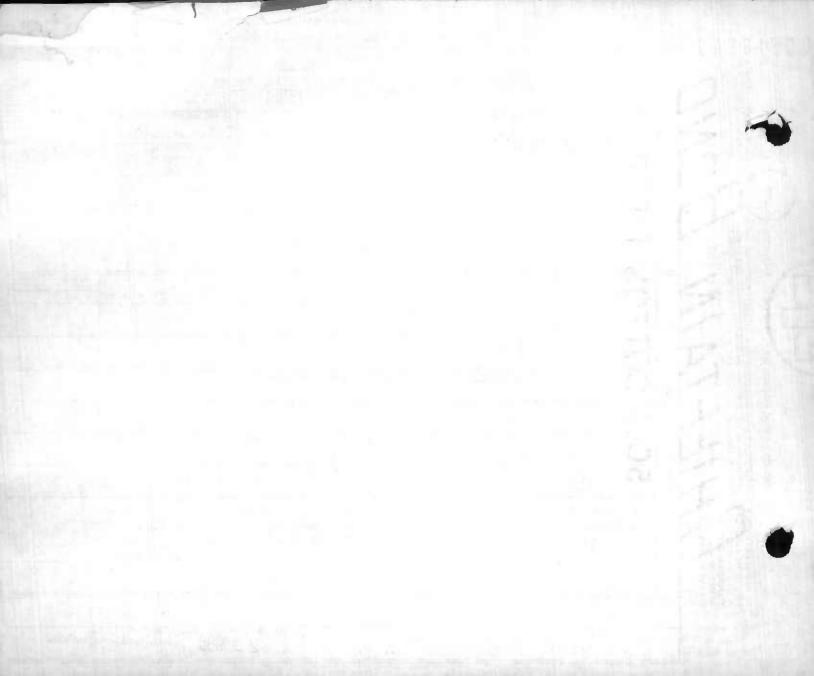
MPORTANT IF IN



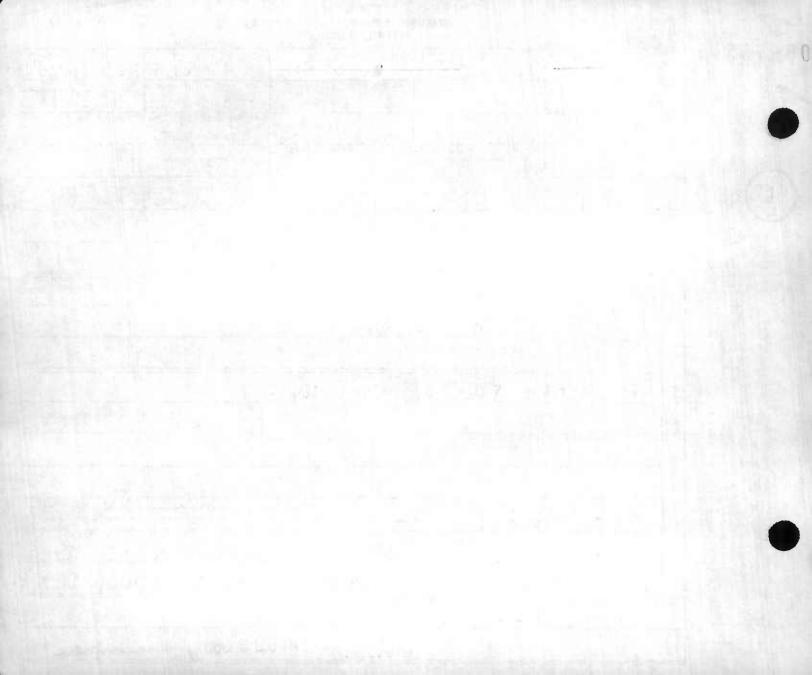
					STATI	OF MARYLA	ND		71.7		4
	1	FOR		DEPARTN		EALTH AND A		IENE 6	2 2	4 5	di
1-16276		REGISTRAR			CERTIF	ICATE OF D	EATH	REG. N	0.		
10210		CEASED NAME FIRST	MIDD	LE	- L	AST		20 DATE OF DEATH	MONTH DAY	YEAR 21	b. HOUR
ay be death	(TYPE	OR PRINT) DOSE N	nary:	Bowles	H	honth		8/21/	96		5-50
nay b page	3. SE		4. RACE	DUWLES	5. DATE C	F BIRTH		6. AGE (IN YEARS LAST BI		NDER I YEAR IF	F UNDER 24 HRS.
ge 4 r	1	Female	caucas	ian	6 MONTH	6	48	38	YRS.	THS: DAYS H	OURS MIN.
Po Po Po	7a. B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WH	AT COUNTRY?	8.	NEVER N	APPIED T	9. BALTIMORE CITY	OR COUNTY OF	DEATH	
		aryland	US	A.	WIDOWE		ORCED	Balti	more		MD.
1	25.00	TY OR TOWN OF DEATH	11. NAME OF HOS	CILITY, GIVE STREET	G HOME C	R OTHER INST		178. USUAL OCCUPAT	OF WORKING LIFE)	126. KIND OF	USINE SOT
		Baltimore /	Francis			med.	Ctr.	Human Sei	Als	Serv	ice
MARYLAND 21 ed within 24 ho impletely filled it and 2 should be exactive must		AL RESIDENCE (IF NURSING HIME OR ITATE 134/COUN Md Ket		city or town		13d. INSIDE CI	TY LIMITS?	13. STREET ADDRESS 206 North	Oueer	Str	20
RYLA Predy 2 gb	_	THER'S NAME				15. MOTHER'S	MAIDEN NA	ME	· oucci,		
MAR mple and w	/	Loring	MIDDLE	Boyo	e	3 11 11	FIRST	unkown		LAST	
	Ión V	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166	SOCIAL SECU		17 INFORMAL	NI	ADDR	ESS		
ALTIMORE, te be execution and colorision and colorision and colorision. Make medical	and the same	NO PUNKNOWN) (IF YES GIV	E WAR OR DATES)	19-58-	0651	The Part of the Pa		Hurtt	same a	s 13e	
ALTIA te be dicion pers. P		18 CAUSE OF DEATH (Enter on									TE INTERVAL SET AND DEATH
T., BAL physicin physici mayal.		PART I. DE ATH WAS CAUSE	D BY: TE CAUSE (b)		tons	100					ninutes
N 2 00000		IMMEDIA					DA EX				1
he death ce he attendin emaye carb matian, ar		Conditions, if any, which	DUE TO, OR AS	1) 1 DEN		TB	LEED		2000	19	days
man be at the property of the		gave rise to immediate	(6)				2000				10090
W. or the state of		cause (a), stating the underlying cause last	DUE TO, OR AS	A CONSEQUE	NCE OF						
201 es the pleater		PART 2 OTHER SIGNIFICANT	CONDITIONS CONT	PIBUTING TO D	FATH BUT	NOT PELATED	TO THE TERM	IN ALDISEASE OF CON	IDITION GIVEN	INI PART 1 (a)	
duir sign	NO	Chronic	Renal F	Tailure		NOT KELATED	TO THE TERM	WAL DISEASE ON CON	DINON ON ENT	NI AKI IIO	
ECOR been any ii	ATI	190 DATE OF OPERATION		N FOR WHICH		N WAS PERFO	RMED	20a AUTOPSY?	20b. IF YES, WI	ERE FINDING	S USED
AL REGONS ONS OOMS O	CERTIFICATION	8/12 and 8/16	(100	-6T F	NEF.	21/ Pag	. asika	No.	IN CERTIFYING	G CAUSES OF	F DEATH?
VITAL N. The system of control of the system	ERT	210. ACCIDENT WAS UNDERLYING	7 21b. TIME OF IN	IJURY	ا حلاے عز		JURY OCCURE	RED (ENTER NATURE OF INJ.			МО
OF VI		OR CONTRIBUTING CAUSE OF DEA	110	MONTH DA							
ON OF HYSICIA ding pl ding pl ding pl ms certif burial-n Mental	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	21e PLACE OF I	IN ILIDY	19	211 LOCATIO	N				
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The law requir r attending physician. Wher this certificate has been sign as the burial-transit permit. Then th and Mental Hygiene prior to b orked or them 18 shows any injury	ME	WHILE NOT WHILE AT WORK		FACTORY, OFFICE FA	ARM, ETC)	STREET		CITY OR TO)WN	COUNTY	STATE
Afte Olih		22a.1 certify that (1) (this haspi	tal) attended the de	ecensed from	81	2	10 80	10 8/22	10	PC, tha	A (I) faire) lack
TEN TOR. Or us		sow the decrosed alive on above, (1)/(we) (did) (did no		19_8	26	d that in (my)	(our) opinion (death accurred on the d			
OR AT DIRECTORED THE THE		22b. SIGNATURE /	view the body ofte	er deoth.		DEGREE				22c. DATE SIC	
		1/10	not			Р	TTENDING PHYSICIAN	MEDICAL STA	FF	8/	22/86
HO FU		22d PHYSICIANS NAME (TYPE O	5 70N			22e ADDRESS	ancis	Scott Ke	y Ho	Spita	
5 € 5 € 3 ₹	23a (SURIAL, CREMATION, REMOVAL	23h DATE 8/24/8	23c N	IAME OF C	EMETERY OR C	REMATORY	23d LOCATION CITY OF TOWN	1	OWLITY	
BP		SPECIFY Cremation	8/24/8	6 Ba	lto.	Wash.C	remat	ory Laure	1	P.C	STATE Md.
DHMH - 16 50M 4/82	24 FI	JNERAL DIRECTOR	7	LUI 3A.	NDYS			E REC'D. BY REGISTRAR	256. REGISTRAR	SSIGNATUR	Edalik
(VRA 15, 4)	F	LECK FUNERA	e Home	L ALL	Rel.	130	1075A)	J6 2 6 1986	grina Dav	10000-1	

A CONTRACTOR OF THE PARTY OF THE PARTY. The second secon

STATE OF MARYLAND FOR - STATE REGISTRAR DECEASED NAME DATE KNOWN LTYPE OR PRINTI ESTI-DEATH MATED 18-13-86 19 CHARLES INES & AGE (IN YEARS IF UNDER I YR. 3 SEX 4. RACE DATE OF BIRTH IF UNDER 24 HRS 2c DATE 2d amur WITHIN 72 HC YEAR PRONOUNCED 8-13-86 2:23 DEAD Male White 40 45 To BIRTHPLACE (STATE OR b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRYS Baltimore City U.S. WIDOWED DIVORCED Pennsylvania FILED, V 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) DIZ SHOULD BE Collins Ave. Baltimore 130 STATE 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY_LIMITS? 13e STREET ADDRESS Md. YES NO 14119 Frederick Ave. 21229 8alto. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST LAST EXAMINER ALONG WITH PORM RIAL - TRANSIT PERMIT, PAGES 1 AL DMENTAL HYGIENE, DIVISION OF DN, OR REMOVAL. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMAN ADDRESS (YES, NO. OR UNKNOWN) Unkn. 204-30-8313 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: MANGUATE CAUSE (A) Looholic cardiomyopathy and valvular heart disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 Id CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL, NO [DEPARTMENT 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME. 21d. INJURY OCCURRED 21f. LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDET TO FUNERAL DIRECTOR: PAGE 3. AFIER DEATH, WITH THE STATE DE BAKKINOPE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK 229 I certify that I taak charge of the remains described above, held on Autapsy death resulted from Homicide Natural causes Undetermined manner TITLE (SPECIFY) M.DAssistant SIGNED_8-13-86 EXAMINER'S NAME Margarita A. Korell, M.D. ADDRESS 111 Penn Street 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d. LOCATION 231. NAME OF CEMETERY OR CREMATORY COUNTY STATE 8-21-86 Removal BP. 07/B4 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** ADDRESS Anatomy Board Balto. Md. (VR A15 ME (5))



		FOR			E OF MARYLAND	variend to	22	1 1 h
	1.	STATE REGISTRAR			HEALTH AND MENTAL H	REG. N	Con the "	7 7 0
16545		CEASED NAME KARLFIRST	MIDDLE IN	IGEBRIGTSEN	LAST	20 DATE OF DEATH		YEAR 2b. HOUR
or. pag	3 SE		1 RACE	5. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIR		10.0
2 hours		MALL IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT CO	DUNTRY? 8 MARRII	D NEVER MARRIED	9 BALTIMORE CITY C	YRS PRE	ATH
e funera	10 C	Norway ITY OR TOWN OF DEATH		WIDOW		120 USUAL OCCUPAT	ION 12b K	(IND OF BUSINESS C
1111	ÜSU	Batto AL RESIDENCE (IF NURSING HOPE	OR OTHER INSTITUTION GIVE RESIDI	105 p. ta	2	Stevedor	S. CONTROL OF	hipyard
	13a M	STATE	JNTY 13c. CITY	ORTOWN	YES NO	1wcon		309 (5 at
1860	14. F.	ATHER'S NAME FIRST	MIDDLE	LAST	15 MOTHER'S MAIDEN	NAME		LAST
Poper C		WAS DECEASED EVER IN U.S. A YES NO OR UNKNOWN) (IF YES O	SIVE WAR OR DATES)	CIAL SECURITY NO.	17 INFORMANT	ADDR	ESS	
dicate physical spaper moval eest, the		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUSED)	anly one cause per line for the SED BY MET	TRISOLIC.	ACIDOSIS		BE	APPROXIMATE INTERVAL TWEEN ONSET AND DEAT
and certain	7	8003	DUE TO, OR AS A CO	ONSEQUENCE OF	exic TY			
of the de se remove crematic		Conditions, if ony, which gave rise to immediate cause (a), stoting the underlying cause last.	DUE TO, OR AS A CO		XICIT			
signed the plant of the plant o	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBU	TING TO DEATH BU	TOH ASUS	RMINAL DISEASE OR CON	IDITION GIVEN IN P	ART lia
on. hos been permit permit ows on the price of the price	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FO	R WHICH OPERATIO	ON WAS PERFORMED	200 AUTOPSY? YES NO	206 IF YES, WERE IN CERTIFYING C. YES	FINDINGS USED AUSES OF DEATH?
CLAN The	ICAL CER	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF C	EATH HOUR A.M. MO	NTH DAY YEAR	21c. HOW INJURY OCC	URRED (ENTER MATURE OF INJU		
other or the control of the burn	MEDIC	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJUR	RY	211 LOCATION STREET	CITY OR TO	OWN COU	INTY STATE
TENDS STATE OF STATE		220.1 certify that (1) (this has	10 816	19 02	nd that in (my) (our) opini	on death occurred an the d		, that (I) (we) li
Al Difference of the Dipt		22b. 540 F. A 1941	nat New the body after dea	V	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF V	DATE SIGNED
TO HOSPITAL retained by the TO FUNERAL should be deta with the Stote E iMPORTANT.		220 PHYSICIAN'S NAME (TYPE	OR PRINT		22e ADDRESS	lascita 30	CT PAUL	a RACT
		BURIAL, CREMATION, REMOVA		23¢ NAME OF	CEMETERY OR CREMATOR	1-01	COUNT	y STATE
BP	24 F	REmoval	8-19-86		25a C	ATE REC'D. BY REGISTRAR	25b REGISTRAR'S S	IGNATURE
DHMH - 16 60M 7/84 (VRA 15, 4)		Anatomy Boa	rd	ADDRESS Balto	., Md. Al	JG 2 6 1986 a	mun munidage	-Mandelle



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

FOR STATE

STATE OF MARYLAND

DEPARTA

MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE	Ö	da	2	they	3	1
CERTIFICATE OF BEATTI		REG. I	NO.				
LAST	2a DAT	E OF DEATH	MONTH	DAY	YEAR	2b	. HOUR
			1	. 0		1	5

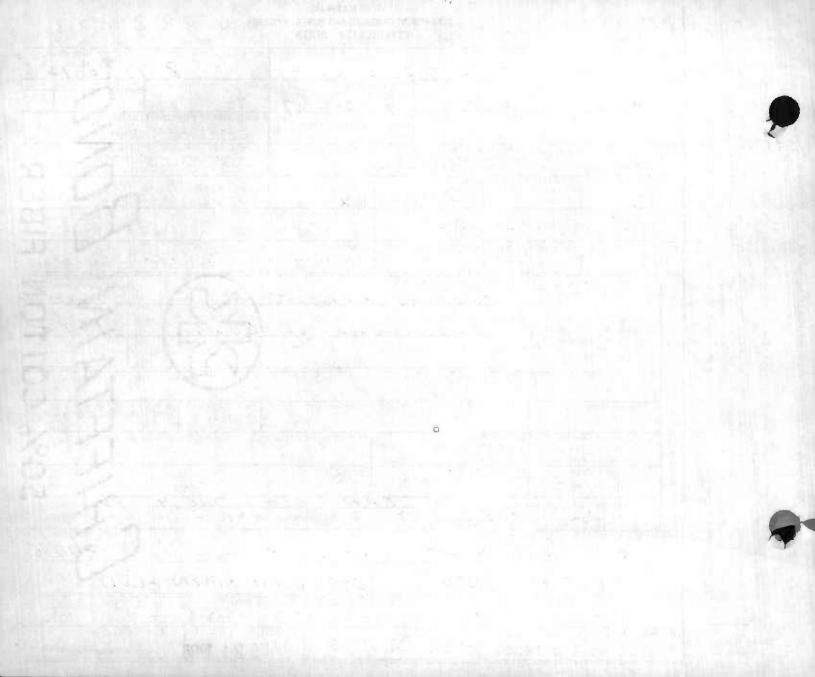
-	REGISTRAR				CERTII	CATE OF DEATH	REG. N	0.		
	CEASED NAME	FIRST	A	MIDDLE	į	AST	2a DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
71177		LBERT	1	L. :	INTLEKO	FER SR.		8	1986	12 M
3. SE	X	4.	RACE		5 DATE C		6. AGE (IN YEARS LAST BE		MONTHS DAYS	
	MALC		WH	ITC	MONTH	26 07	78	YRS.	MONTHS DAYS	HOURS MIN.
	RTHPLACE (STATE OR F	OREIGN 71	CITIZEN OF	WHAT COUN	TRY? 8	XNEVER MARRIED -	9. BALTIMORE CITY	R COUNTY	OF DEATH	
	Md.	7	U.S		WIDOWE	D DIVORCED	Baltim	ore C	City	MD.
10 C	ITY OR TOWN OF DEA	TH 1		HOSPITAL, NU		PR OTHER INSTITUTION		OF WORKING LIF		OF BUSINESS OR
	Baltimor		6403		ner Ave	2.	Truck dr	iver	Bre	wery
	AL RESIDENCE (IF NURSI	136 COUNT		GIVE RESIDENCE		134 INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP CODE		
	Md.	_			timore	YES X NO	6403 Wa			21206
14. F.A	ATHER'S NAME			Dul	CIMOLC	15. MOTHER'S MAIDEN NA	ME		23700	21200
	Ludwi		DDIE Tn+	lekof	22	Elsie	MIDDLE		LA	ST
14 n V	VAS DECEASED EVER				SECURITY NO.	17 INFORMANT	ADDR	FSS	н	aug
- 0	YES NO OR UNKNOWN)	I IF YES, GIVE Y	WAR OR DATES)							
Y	res	WW	II	216-0	01-4494	Elsie Int	lekoier (wite)		addres
1	18 CAUSE OF DEATH	H (Enter only	one couse per	line for (a), (b	n, and ic		121/03/00		BETWEEN	XIMATE INTERVAL
,	PART I. DEATH W		CAUSE (D)	REO	IRC	ARREST	- V.P. 27 F. F.		1	2 MIR
					EQUENCE OF		Town I	10		
	Conditions, if any,	which	(C b D	CAAAG	mm a6	1000		1	982
	gove rise to imm	nedipte) ""					- 1 -		
	couse (o), stating couse		DUE TO, OF	R AS A CONS	EOUENCE OF				7	
			(c)							
z	PART 2 OTHER SIGN	HEICANT CO	INDITIONS <u>CC</u>	DUTKIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	IDITION GIV	EN IN PART 1	10
CERTIFICATION			Luciania				The state of the s	Tool IF HE	LAISES SINIS	
S.	19a DATE OF OPERAT	ION	196 CONDI	II ION FOR WI	HICH OPERATION	N WAS PERFORMED	20a AUTOPSY?		YING CAUSE	
E		Marie Str					YES NO	YE	S 🔲	NO []
Ü	210. ACCIDENT WAS UND		216. TIME O		DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	IRY IN ITEM 18 P	PART I OR PART 2)	
¥	OR CONTRIBUTING C		P.J		19					
MEDICAL	21d. INJURY OCCURR		21e PLACE	OF INJURY		211 LOCATION			COUNTY	STATE
¥.	WHILE NOT WH		(AT HOME STR	REET FACTORY, OF	FICE, FARM, ETC)	STREET	CITY OR TO)WN	COUNTY	STATE
			ls 44 1 1 4b	1 1.6	. 5	ON 10 81	5 . O.10.	10	10 1/2	
	22a. I certify that (I)		(VI	7	17/	id that in (my) (our) opinion	denth occurred on the	nto and have	and transthe	that (i) (we) lost
	saw the decease above, (1) (we)	lid did not	view the body	ofter death			desir occurred on the c	ole olid hoo		
(226 SIGNATURE	1	1			DEGREE			22c,DATE	ESIGNED
	youth	1x xu	www M		1	4.0 PHYSICIAN	MEDICAL STA	CIAN	8	1/8/86
(224 PHYSICIAN'S NA	ME ITYPE OR	PRINT			22e ADDRESS				
	DORG	TH	Y S	NOW		3900 Loc	H RAVE	N BI	LVD.	TIE S
23a E	BURIAL, CREMATION,	REMOVAL	23b DATE		23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION		10000	
	Burial	HLE	8/22	/86	Garden	ns of Faith	Balti	more	COUNTY	Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

8/22/86 3331 Brehms Lane, Balto. Md.

Baltimore Gardens of Faith 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

jum varidon Adadas



				STATE OF MARYLAND	W	
-14907	1-	FOR STATE REGISTRAR	DEPARTI	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	SIENE O REG. NO.	4 5 8
1 74		ORPRINT) PIRST	EL R.	ISAAC	08 07/19	86 09:17 A
ge 4 mo	3. SE	F	4 RACE B	S. DATE OF BIRTH MONTH B 24 YEAR	6 AGE (IN YEARS LAST BIRTHDAY) 75 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS
10	3	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore CITY OR COUNTY	44 MD.
(A)	1	BALTO	MORTH CHOR	les General	TOUR USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L.	17b. MIND OF BUSINESS OR INDUSTRY
135	130	ARY AND 36. COUR		MORE YES NO NO	130 STREET ADDRESS / ZIP COD	ay Street
1 400	14. F/	TOHO PIRST	MIDDLE Ellie	15 MOTHER'S MAIDEN NA FIRST FANNI	MIDDLE	LAST
Poper Poper		VAS DECEASED EVER IN U.S. AR VES NOOR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECTION (F WAR OR DATES) 242 24 5	17 INFORMANT JOHN IS,	AAC 2205	BARCHAU Street
physics physics organism oraci, the		PART I. DEATH WAS CAUSE	nly one cause per fine far (a), (b), and (b) BY TE CAUSE (a) CARDSC	1	PREST.	BETWEEN ONSET AND DEATH
thenting we corbo ion, or o numatic s		Conditions, if ony, which	DUE TO OR AS A CONSEQUE	NCE OF LICULAR TACI	17 (ARDIA	
by the o		gove rise to immediate couse (0), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	INCE OF 10-FOW	DISEASE.	years.
Then plant in the plant in the blant in the	NOI	PART 2 OTHER SIGNIFICANT		DEATH BUT NOT RELATED TO THE TERM	MONALT DIS	VENLIN GARY
2	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \(\text{NO} \)
CGAN-		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH D.	YEAR 19 21t. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
the the control of th	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE, F	ARM ETC) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTENDIN pitol oc focuse of Medit		saw the deceased olive on	tal) attended the deceased from	0 5 0 6 , 19 6 (death occurred an the date and ha	19_6 that (It (we) last ur and from the causes stated
ITAL OR A by the hose RAL DIREC defoched stote Dept.		276. SIGNATURE	Ansolin	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED 86
HOSPI Puned b FUNE Suld be that he Soortal		22d. PHYSICIAN'S NAME (TYPE O	PRIA-	TO ADDRESS NOR	The Charles	NOJOITAL 1218
D & D & X	230	BURIAL, CREMATION, REMOVAL	236. DATE 8 12/86 \$	NAME OF CEMETERY OR CREMATORY	123d LOCATION RIVERSON MARCH	e COUNTY MARILIANO
DHMH - 16 60M 7/B4 (VRA 15, 4)	24 FI	INERAL DIRECTOR	PCh Flit TAU	1181E, North A	E RECO BY REGISTRAR 256. REGIS	TRAR'S SIGNATURE
	LV	VIII VIII				

Contract of Language

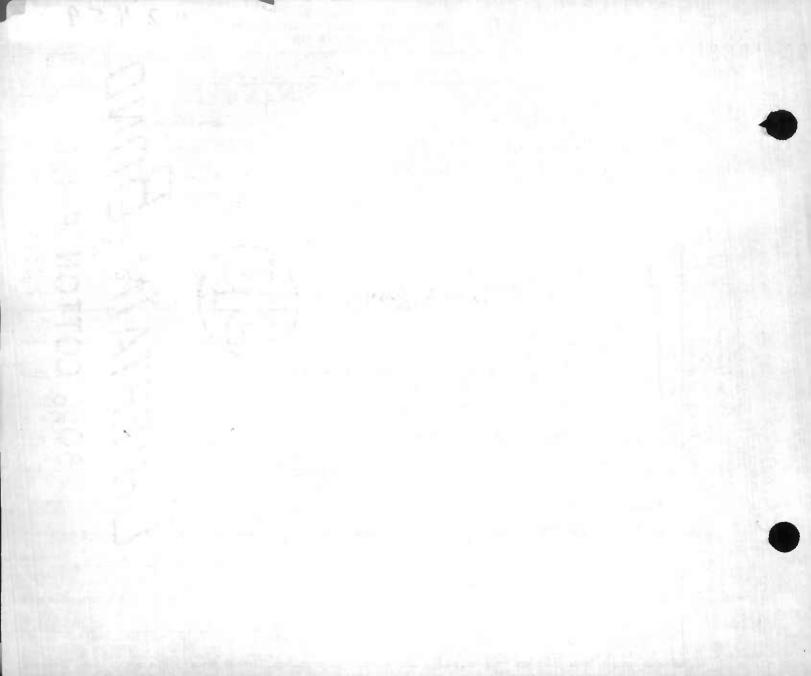
the turners of frector, page 3 within 24 hours ofter death DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician is should be detached for use as the burial-transit permit. Then please remove carbon popers. Plant the State Dept of Health and Menial Hygiene prior to burial, cremation, ar removal. IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, them ATTENDING PHYSICIAN: The low retained by the haspital or ottending physician.

(VRA 15, 4)

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 86 22459

1	REGISTRAR			REG. N		
	ECEASED NAME FIRS	MIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR	26 HOUR
		2 CI Am	ISAAC	AUG 2	4 1986	
3 SI	nace	Black	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BI	RTHDAY) IF UNDER 1 YEAR MONTHS DAY	
200	SIRTHPLACE (STATE OF FOREIGH	N 76 CITIZEN OF WHAT COUNTR	Y? 8 MARRIED NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEATH	
21	1 ARV/AND	U.S.A.	WIDOWED DIVORCED	BALTO	0,40	
40%	ALALA DALL'S	11. NAME OF HOSPITAL, NUR:	SING HOME OR OTHER INSTITUTION REFLADORESS) SOLTAL INC.	120 USUAL OCCUPAT	ON 12b. KIND OF WORKING LIFE) INDUSTR	
	DAL RESIDENCE (IF NURSING HO STATE 136 (OME OR OTHER INSTITUTION, GIVE RESIDENCE BEF COUNTY 131. CITY OR TO	ORE ADMISSION) DWN 13d INSIDE CITY LIMITS? YES IN NO IT	13. STREET ADDRESS	Maile	orne
DON'THE	ATHER'S NAME	undur and a second	15 MOTHER'S MAIDEN NA	ME	D	420
00	A/ex	TSA	AC CEDON	MIDDLE	SNO	wden
	WAS DECEASED EVER IN U.	SE CINE WAR ORDATED	CURITY NO. 17 INFORMANT	ADDR	ESS 5 N. WICH	Khom ?
	(YES, NO O UNKNOWN) (IF Y	2/3-12-	3071 G-REGORY I	SAAC BA	arto. Mp.	212
010		DUE TO, OR AS A CONSEC	DUENCE OF			
or other traumotic ev	Conditions, if ony, which gave rise to immedia couse (a), stating the underlying cause los	te to	DUENCE OF			
injury, or other traumotic ev	gave rise to immedio couse (o), stating th underlying cause los	te to		MINAL DISEASE OR CON	NDITION GIVEN IN PART	lia
TIFICATION	gave rise to immedio couse (o), stating th underlying cause los	ch (b) (b) (che) (che) (de to the total) (de	DUENCE OF	NINAL DISEASE OR CON 200 AUTOPSY? YES NO	ODITION GIVEN IN PART 20b. IF YES, WERE FING IN CERTIFYING CAUSI YES	INGS USED
	gave rise to immedio couse (o), stofing the underlying cause los	ch te b) DUE TO, OR AS A CONSECT (c) ANT CONDITIONS CONTRIBUTING T 19b. CONDITION FOR WHITE OF DEATH OF DEATH 16b) 17b. TIME OF INJURY HOUR A.M. MONTH	OUENCE OF O DEATH BUT NOT RELATED TO THE TERM CH OPERATION WAS PERFORMED [216, HOW INJURY OCCUR	20a AUTOPSY? YES NO	20b. IF YES, WERE FIND IN CERTIFYING CAUSI YES	DINGS USED ES OF DEATH
E / H	gave rise to immedio couse to, stofing the underlying cause loss. PART 2. OTHER SIGNIFICA 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE.	ch te b) DUE TO, OR AS A CONSECT (c) ANT CONDITIONS CONTRIBUTING T 19b. CONDITION FOR WHITE OF DEATH OF DEATH 16b) 17b. TIME OF INJURY HOUR A.M. MONTH	DUENCE OF O DEATH BUT NOT RELATED TO THE TERM CH OPERATION WAS PERFORMED DAY YEAR 19 211. LOCATION	20a AUTOPSY? YES NO	206. IF YES, WERE FIND IN CERTIFYING CAUSI YES \$2 JRY IN 11EM 18, PART 1 OR PART 2	DINGS USED ES OF DEATH' NO []
. /	gave rise to immedio couse to, stofing the underlying cause to: PART 2. OTHER SIGNIFICA 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE- (IF EITHER NOTHY MEDICALEXA 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 22a.l. certify that (1) (this	Che te to the te	DUENCE OF O DEATH BUT NOT RELATED TO THE TERM CH OPERATION WAS PERFORMED DAY YEAR 19 211 LOCATION STREET 19 19 19 19 19 19 19 19 19 19 19 19 19	200 AUTOPSY? YES NO RED (ENTER NATURE OF IN)	206. IF YES, WERE FIND IN CERTIFYING CAUSI YES ST JBY IN 11EM 18. PART 1 OR PART 2	DINGS USED ES OF DEATH NO
	gave rise to immedio couse to, stoting the underlying cause loss for the stoting the underlying cause loss for the stoting cause loss for the stoting cause loss for the stoting cause contribution of cause c	Ch te to the te	DUENCE OF O DEATH BUT NOT RELATED TO THE TERM CH OPERATION WAS PERFORMED DAY YEAR 19 21I LOCATION 51REET	200 AUTOPSY? YES NO RED (ENTER NATURE OF IN)	20b. IF YES, WERE FINE IN CERTIFYING CAUSI YES \$2 JRY IN ITEM 18. PART I OR PART 2 OWN COUNTY 19	DINGS USED ES OF DEATH NO) S1A
MEDICAL	gave rise to immedio couse to, stofing the underlying cause to: PART 2. OTHER SIGNIFICA 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE- (IF EITHER NOTHY MEDICALEXA 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 22a.l. certify that (1) (this	Che te to the te	DUENCE OF O DEATH BUT NOT RELATED TO THE TERM CH OPERATION WAS PERFORMED DAY YEAR 19 211 LOCATION STREET Ond that in (my) (aur) apinian DEGREE	20a AUTOPSY? YES NO NO NO NOTIFE OF INJUST OF TO NO NOTIFE OF THE ORDER OF THE ORD	20b. IF YES, WERE FIND IN CERTIFYING CAUSI YES \$32 URY IN THEM 18. PART 1 OR PART 2 OWN COUNTY	DINGS USED ES OF DEATH NO
- /	gave rise to immedio couse to, stoting the underlying cause loss for the stoting the underlying cause loss for the stoting cause loss for the stoting cause loss for the stoting cause contribution of cause c	DUE TO, OR AS A CONSECTION OF THE PROPERTY OF DEATH AMINER) 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21c. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE) haspital) attended the deceased from the property of the proper	DUENCE OF O DEATH BUT NOT RELATED TO THE TERM CH OPERATION WAS PERFORMED DAY YEAR 19 211 LOCATION STREET Ond that in (my) (aur) apinian DEGREE ATTENDING PHYSICIAN 22e ADDRESS	200 AUTOPSY? YES NO RED (ENTER NATURE OF IN)	20b. IF YES, WERE FINE IN CERTIFYING CAUSI YES \$2 JRY IN ITEM 18. PART 1 OR PART 2 DWN COUNTY 19 lote and hour and fram the CIAN 222c. DAT	DINGS USED ES OF DEATH? NO STA'
MPORTANT: If frem 21 is morked or frem 1	gave rise to immedio couse to, stoling it underlying cause los stoling it underlying cause los part 2 OTHER SIGNIFICA 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EXAMINE AT WORK AT	DUE TO, OR AS A CONSECTION OF THE CONDITIONS CONTRIBUTING IN CONDITION FOR WHITE CONDITION CONDI	DUENCE OF O DEATH BUT NOT RELATED TO THE TERM CH OPERATION WAS PERFORMED DAY YEAR 19 211 LOCATION STREET Ond that in (my) (aur) apinian DEGREE ATTENDING PHYSICIAN 22e ADDRESS	200 AUTOPSY? YES NO CITY OR TO CITY OR TO MEDICAL STA DIRECTOR PHYSI 234 LOCATION 234 LOCATION	20b. IF YES, WERE FINE IN CERTIFYING CAUSI YES \$2 JRY IN ITEM 18. PART 1 OR PART 2 DWN COUNTY 19 lote and hour and fram the CIAN 222c. DAT	STAI



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME KNOWN X MONTH 2a. DATE (TYPE OR PRINT) ESTI-OF YOUR FILES. IN 72 HOURS STON STREET, DEATH MATED JACKSON 3 SEX 4 RACE & AGE (IN YEARS IF UNDER 24 HRS 7d HOUR DATE PRONOUNCED DEAD 63 YRS 8-27-86 19 9:04a 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED Baltimore City DIVORCED 10 CITY OR TOWN OF DEATH II NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 20 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY Baltimore sinai Hospital ISUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CATY LIMITS? 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS OCIAL SECURITY NO. I LIF YES GIVE WAR OR DATES! CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Arteriosclerotic cardiovasculardisease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last PART 2 DIHER SIGNIFICANT CONDITIONS CONTRIBUTING 10 DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a. CERTIFICATION INER: THIS CENTIFFE.
FICATE, WRITING THE WORD "PENY
FE FORWARDED TO THE CHIEF ME
TOR: PAGE 3 SHOULD BUSED AT
HE STATE DEPARTMENT OF HEA
H THE STATE OF DURING, C 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [NOX 216. TIME OF INJURY 21a EXTERNAL CAUSE WAS 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME 21d. INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK STATE PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2 220 I certify that I taak charge of the remains described above, held an Autopsy Inspection and in my opinion Natural causes X death resulted/from Accident Homicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE 8-27-86 Assistant SIGNATURE _MEDICAL EXAMINER EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn Street (TYPE OR PRINT) ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 07/84 25M 24 FUNERAL DIRECTOR O 250. DATE REC'D. BY REGISTRAR **DHMH - 17** SEP (VR A15 ME (5))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1-	FOR STATE REGISTRAR	D	PARTMENT OF H	ICATE OF D		0	2 2	4 6	
		CEASED NAME EIRST OR PRINT) Ruth	Ann		ackson	W CIRC	20 DATE OF DEATH	08	DAY YEAR 10 86	2:30 P
	1 SEX		14 RACE	5. DATE C			6 AGE (IN YEARS LAS		IF UNDER 1 YEAR	70(
7		Female	White	03		22	64	YRS.	MONTHS DAYS	HOURS MIN.
	C	RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT COL	MARRIE	D NEVER A	ARRIED U	9 BALTIMORE CIT	-		
10	10 CT	TY OR TOWN OF DEATH Baltimore	11. NAME OF HOSPITAL,	HOSPITAL, NURSING HOME OR OTHER INSTITUTION CHACKUTY, GIVESTREET ADDRESS! alden Avenue 21211			12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) HOUSEWITE MD. 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY			
F.	13a. S M a	aryland	INTY 13c CITY C	CE BEFORE ADMISSION) OR TOWN LMORE	134 INSIDE CI	TY LIMITS?	3641 Malo			211
	14 FA	Joseph		ouse		MAIDEN NAM FIRST INA	MIDDL	į	Wint	er
		VAS DECEASED EVER IN U.S. A (15 NO OR UNKNOWN) (1F YES, G	IVE WAR OR DATES)	16-8325	Marvir		ckson 364	DRESS l Mald	en Ave.	21211
	NO	Conditions, if ony, which gave rise to immediate couse (o), stating the underlying couse lost	DUE TO, OR AS A COI (b) DUE TO, OR AS A COI (c) CONDITIONS CONTRIBUTION	NSEQUENCE OF	NOT RELATED	TO THE TERMI	NAL DISEASE OR C	ONDITION G	SIVEN IN PART 1	(o)
1	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFO	RMED	200 AUTOPSY?	IN CERT	'ES, WERE FIND TIFYING CAUSE YES []	
)	MEDICAL CER	210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DI	HOUR A.M. MON	TH DAY YEAR	21c. HOW IN	JURY OCCURRI	ED (ENTER NATURE OF			
	MEDI	WHILE OCCURRED NOT WHILE AT WORK	21e PLACE OF INJURY		21f LOCATIO	N .	спу О	RIOWN	COUNTY	STATE
		220.1 certify that (1) this has street the december of land of the street of the stree	view the body ofter death	1980	nd that in my	our) opinion d	eath occurred on the	date and he	1	that (we) last
		Cliarles	Saszittiu	7)	A F	TTENDING HYSICIAN X	MEDICAL S	TAFF SICIAN [8/1	1/86
		22d PHYSICIAN'S NAME LIVER	edgett, w		560	il Loc	in Rev	on 8	Blud,	
		URIAL, CREMATION, REMOVA SPECIFY) Burial	23b. DATE 8/13/86	23c NAME OF C			23d LOCATION Herefe	rd	Baltimo	re Maryla

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR

TO HOSPITAL

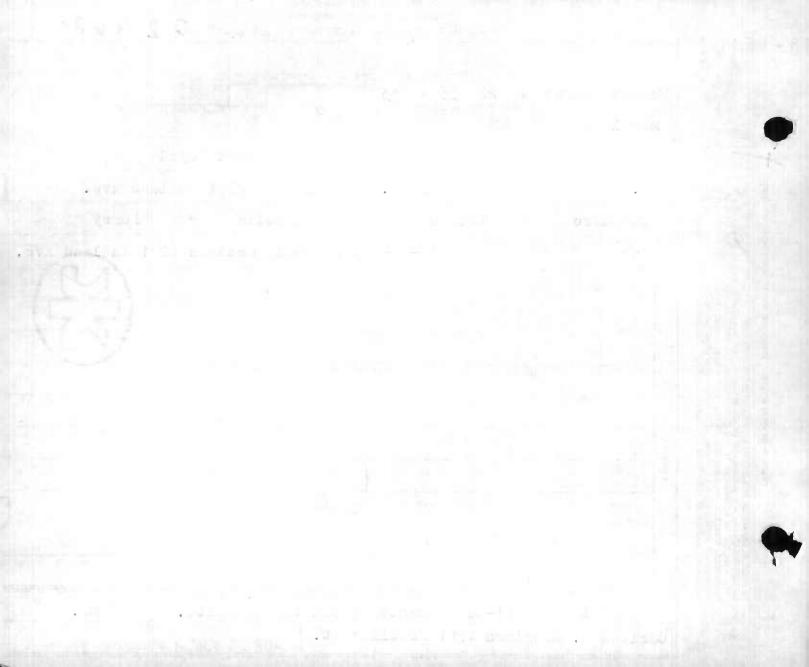
BP.

IMPORTANT: If them 21 is marked or frem 18 shows any injury, or other traumatic event, th

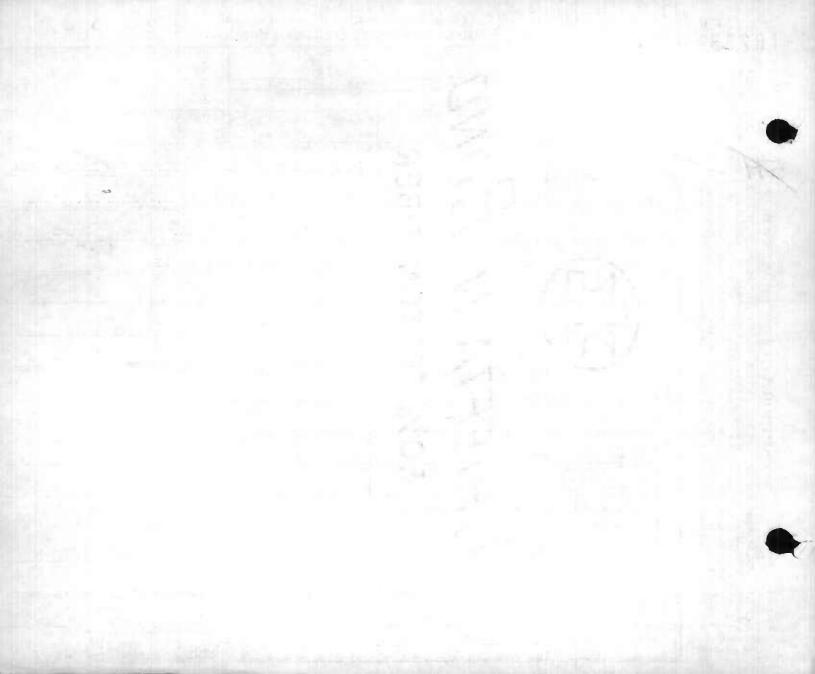
A. Alan Seitz, Jr. 3818 Roland Avenue 21211

25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

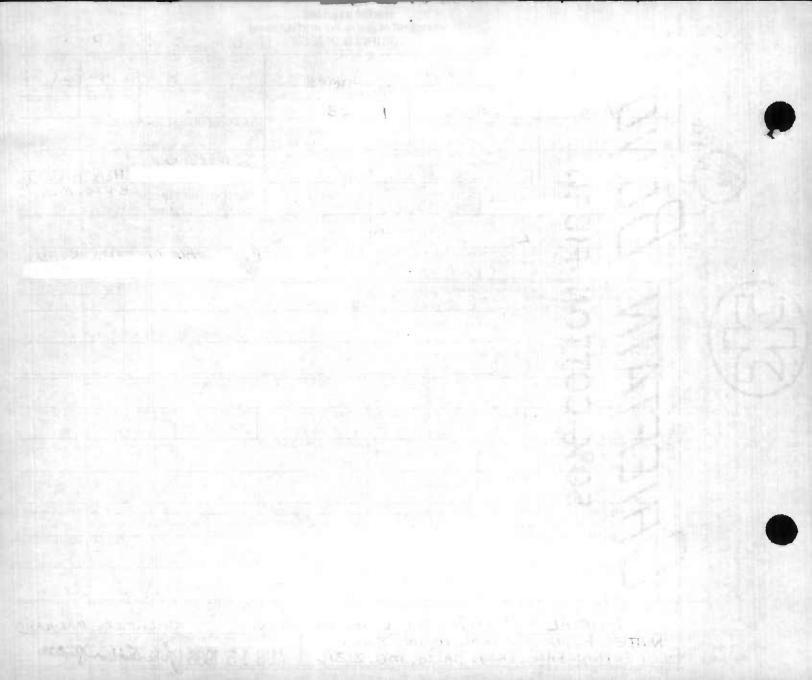
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE KNOWN & (TYPE OR PRINT) 8-6-86 DEATH MATED 4 RACE JE UNDER 1 YR IF UNDER 24 HRS 2d. HOUR 25. DATE LAST BURBLOAY) 55 PRONOUNCED Female Black 3:54a DEAD TO BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland USA WIDOWED DIVORCED Baltimore City ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) unemployed Baltimore Johns Hopkins Hospital USUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130 SVATE 13b. COUNTY 13c CHEY OF TOWN 13d. INSIDE CITY LIMITS? Ashland NO [15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE MIDDLE The odo re Holmes LAST Rosabelle Perry 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO **ADDRESS** (YES, NO OPHNKHOWN) 215-64-9038 Ronald Jackson 2201 Ashland Ave. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) APPROXIMATE INTERVA BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Hypertrophic cardiomyopathy IMMEDIATE CAUSE (a)= DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d. CERTIFICATION obesity 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO BURIAL, YES X 3 SHOULD BE DEPARTMENT 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH PM 19 21e PLACE OF INJURY (AT HOME 211 LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN 22a. I certify that I took charge of the remains described above, held an Autopsy and in my apinion EXECUTE THE CERTIFIC PAGE 4 SHOULD BE F TO FUNERAL DIRECTO AFTER DEATH, WITH TH BALTIMORE, MARYLAN death resulted fram: Natural causes Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE 8-6-86 Assistant SIGNED EXAMINER'S NAME 111 Penn Street Margarita A. Korell, M.D. ADDRESS (TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE Burial 8-11-86 Eastview Cemetery Balto. Md. BP Cariton C. Douglasson 701 McCulloh St. 25M 250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5)) wia Deviden gandelle



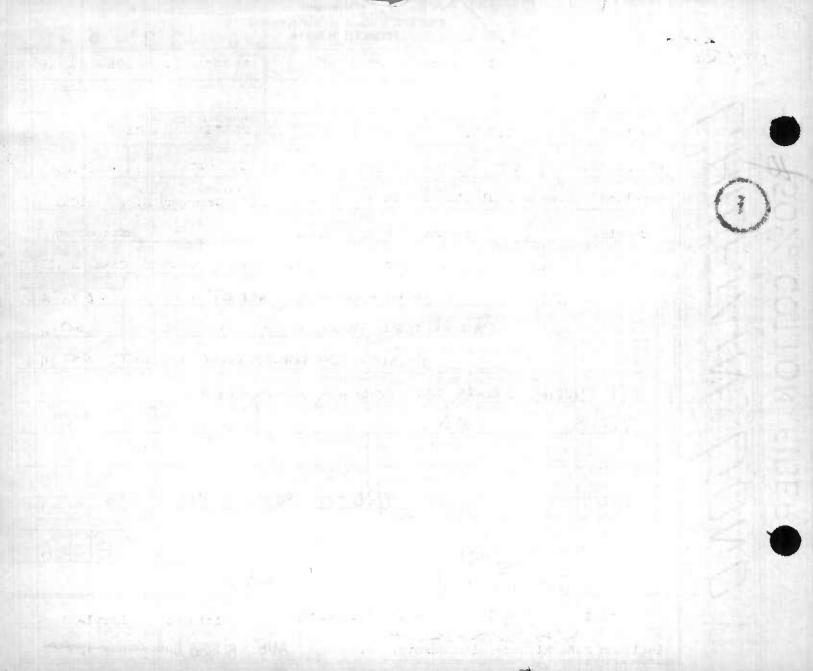
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTALHYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFIC REGISTRAR REG. NO L DECEASED NAME KNOWN X 2h HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED Joseph Jacobs 20/19 86 4 RACE DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS. 2c. DATE YEAR LAST BIRTHDAY PRONOUNCED Male White 1923 62 DEAD 20/1986 TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OF COUNTY OF DEATH MARRIED - NEVER MARRIED FOREIGN COUNTRY Maryland U.S.A. Baltimore City, DIVORCED ID CITY OR TOWN OF DEATH 11, NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE! OR INDUSTRY Baltimore Francis Scott Key Medical Center Truck Driver Independant SUAL RESIDENCE (IF IN NURSING I 13e. STREET ADDRESS 134 INSIDE CITY LIMITS Maryland Baltimore Dunda 1k 3701 Old N. Point Rd. 21222 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE MIDDLE James I, Jacobs Lucy A. Owens No. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS (IF YES, GIVE WAR OR DATES) Yes WWII 219-07-2582 Jacobs Same as 13e 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVA BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIDUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION E DEPARTMENT OF HEAD OF PRIOR TO BORIAL, C 19a, DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO X 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f LOCATION STREET, FACTORY, FARM, ETC 1 WHILE WHILE AT WORK CITY OR TOWN COUNTY STATE 220. I certify that I taak charge of the remains described above, held an Autopsy Inspection and in my apinian Natural cyluses X death resulted fram: Accident Hamicide Undetermined manner SHOULD TITLE (SPECIFY) EXECUTE THE C PAGE 4 SHOUI TO FUNERAL D AFTER DEATH, BACTIMORE, M ACTUAL Assistant MEDICAL EXAMINER 8/21/86 SIGNATURE EXAMINER'S NAME Gredory R. Kauffman, M.D. (TYPE OR PRINT) 111 Penn St ADDRESS 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY Burial 8-23-86 Oak Lawn 07/84 BP Baltimore County Maryland 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Duda-Ruck Funeral Home, Inc. **DHMH - 17** (VR A15 ME (5)) 7922 Wise Ave Dundalk, Maryland 2122



STATE OF MARYLAND



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 26 HOUR P 20. DATE OF DEATH I DECEASED NAME EVELYN JANUSHEK AUGUST 3, 1986 1:10 Catherine 6. AGE (IN YEARS LAST BIRTHDAY) IF LINDER 1 YEAR IF UNDER 24 HRS 3 SEX 4 RACE 5 DATE OF BIRTH White MONTH DAY Female 9,1914 72 Mar YRS BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED BALTIMORE CITY Maryland U.S.A. DIVORCED [WIDOWED 18 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY BALTIMORE Cashier THE JOHNS HOPKINS HOSPITAL I.R.S. SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
38. STATE 136. COUNTY 136. CITY OR TOWN
Maryland Anne Arundel Glen Burnie 130 STATE 13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Maryland NO X 300 Greenway S.E. 21061 ATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST MIDDLE FIRST MIDDLE Hattenburg Charles Anna Freyman 60. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 16b. SOCIAL SECURITY NO. 17 INFORMANT LYES, NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) 218.14.5333 Arthur J. Janushek Husband Same as 13 No None APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),1 PART I. DEATH WAS CAUSED BY DAR DIO PULMON ARU ARLOS 1 IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF MRDIAC ARRUY THMICA Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF CEPEBRAL UNEXULAR ACCIDENT underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I I a CERTIFICATION W2 repu 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 700 AUTOPSY IN CERTIFYING CAUSES OF DEATH? YES ID NOF YES T NO I 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21s. PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE STREET (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased fram. saw the deceased alive an_ and that in (my) (aur) apinian death occurred on the date and hour and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death 22h SIGNIATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL Should be detected with the State D PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d PHYSICIAN'S NAME (TYPE OFFRINT) 22e ADDRESS MO 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 23b DATE 23¢ NAME OF CEMETERY OR CREMATORY (SPECIFY) Burial CITY OR TOWN STATE Aug 7,1986 Parkwood Cemetery BP. Baltimore Maryland 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 AUG Tulia Daydoon-Manage Singleton Funeral Home, Glen Burnie, Md. (VRA 15, 4)

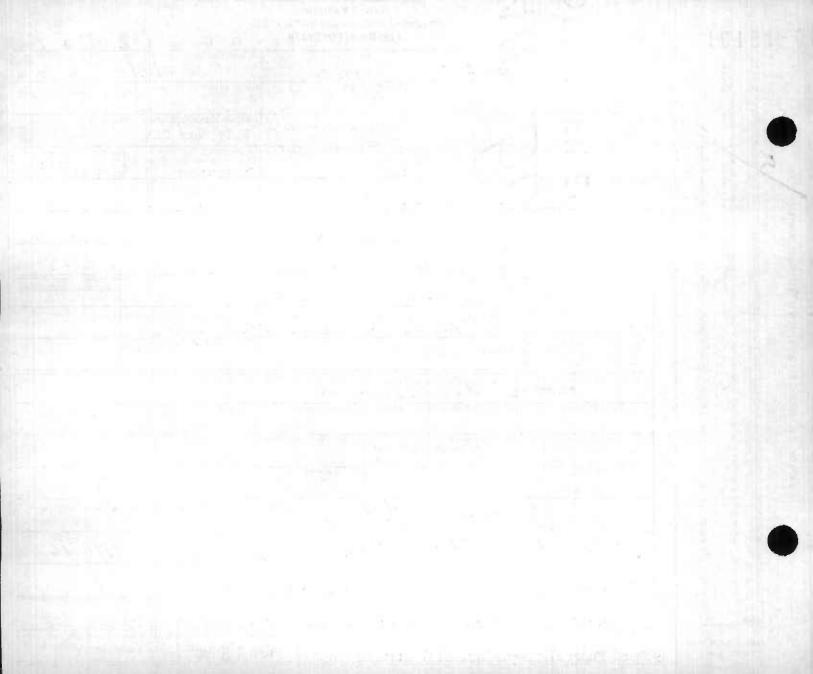


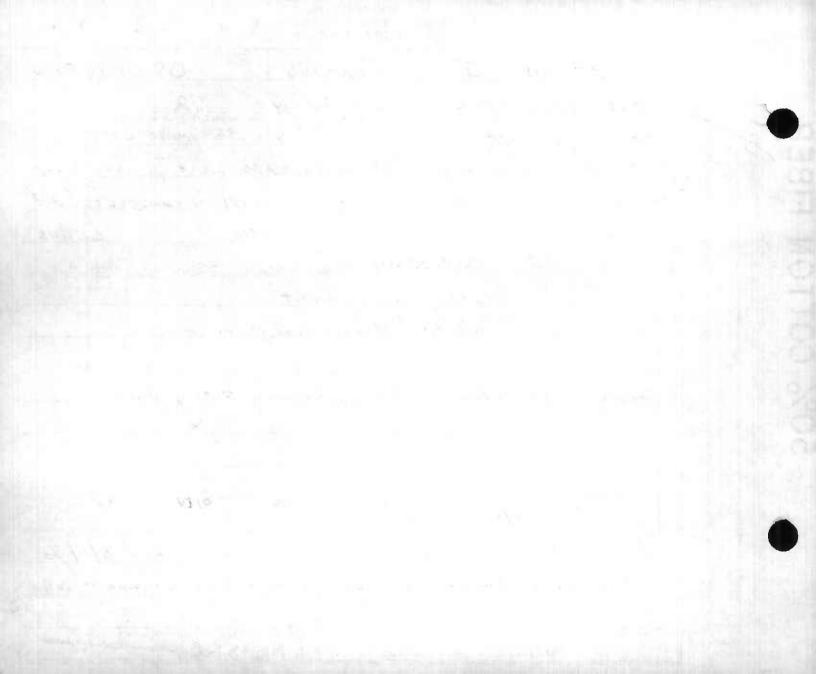
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DISATH REGISTRAR DECEASED NAME 20. DATE KNOWN MONTH 2b HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED Edward John Jr. Jeeter 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF LINDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED 12 42 Male 15 White DEAD PM 11/19 86 76 CITIZEN OF WHAT COUNTRY? a BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Maryland WIDOWED TO DIVORCED Baltimore City, O. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY Fairfield 3501 N. 8th Ave. Train Engineer Rail Road WAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS OUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Baltimore 5235 Kramme Avenue 21225 ANFATHER'S NAME 15. MOTHER'S MAIDEN NAME John Edward Jeeter Sr. Doris Gleason 160. WAS DECEASED EVER IN U.S. ARMED FORCES 17 INFORMANT 16b. SOCIAL SECURITY NO. ADDRESS Maryland 21061 (YES, NO, OR UNKNOWN) 217-40-1517 James D. Jeeter 7713 Marbrook Road. G.B. 18 CAUSE OF DEATH (Enter only one couse per line far (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Shotgun Wound to Chest DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to USED AS A B CERTIFICATION E3 SHOULD BE USED A DEPARTMENT OF HE OF PRIOR TO BURIAL, C 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BODY ONLY YES X NO 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH 8/ 11/19 86 ? XX self inflicted shotgun wound CATE, WRITING T 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f LOCATION STREET, FACTORY, FARM, ETC.1 CITY OR TOWN WHILE AT WORK AT WORK COUNTY auto rear of 3501 8th Ave. S&L Steel Co. Fairfield. PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P. AFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2 22a. I certify that I took charge of the remove allowable and DODY ONLY wrapsy Inquiry and in my opinion Suicide X death resulted from: Natural cousts Homicide Undetermined monner TITLE (SPECIFY) ACTUAL M.D. Assistant MEDICAL EXAMINER SIGNATURE. 8/12/86 EXAMINER'S NAME Gregory R. Kauffman, M.D. ADDRESS (TYPE OR PRINT) Ill Penn St 236 BURIAL, CREMATION, REMOVAL 236. DATE Burial 8/15/86 Glen Burnie Glen Haven Mem Park Md 07/84 BP 34 FUNERAL DIRECTOR GONCE 4001 Ritchie Hgwy Balto Md 25M 25g. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** dia Davidson Gandalle (VR A15 ME (5))

STEE CHARGE TEST CANDO 21225 TENDER TO THE PERSON OF THE PE Ell part could be the the same and the

an offer two which find the an agent a

			STATE OF MARYLAND	internal and the second	
1 2 1 2	FOR STATE	DE	PARTMENT OF HEALTH AND MENTAL	HYGIENE	
15131	REGISTRAR		CERTIFICATE OF DEATH	8 GREG. NO. 2	2 4 6 /
		IRST MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
4 00	(TYPE OR PRINT)	WARD M.	JEFFERS	08/09	7:30A M
to a d	1. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
7 26	MALE	WHITE	10 16 04	81 YRS	MONTHS DAYS HOURS MIN.
B 80 01	70. BIRTHPLACE (STATE OR FORE		NTRY2 8	9 BALTIMORE CITY OR COUNT	Y OF DEATH
1 18/20	Maryland	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimana City	
1 1/9/	10 CITY OR TOWN OF DEATH	13. NAME OF HOSPITAL, I	NURSING HOME OF OTHER INSTITUTION	12a USUAŁ OCCUPATION	12h KIND OF BUSINESS OR
5 12 del)	Baltimore	(IF NOT IN SUCH FACILITY, GIV		(TYPE OF WORK FOR MOST OF WORKING	INDUSTRY Martin
	SUAL RESIDENCE (IF NURSING	St. Agnes H	TE BEFORE ADMISSION)	Supervisor .	Marietta
3 33 374		COUNTY 13c. CITY O			
	Maryland	Baltimore Cato	onsville YES NO TX	8 Mt. De Sales	Road 21229
1 19/12/	FIRST	MIDDLE	AST FIRST	WIDDLE	LAST
1 1/5/4	James	M.	Jeffers Nellie	ADDRESS	Musgrove
18 40	160 WAS DECEASED EVER IN	F YES, GIVE WAR OR DATES)	L SECURITY NO. 17 INFORMANT	ADDRESS	
1 64	NO	216-	-05-9179 Betty Grav	es 8 Mt. De Sales	
1 1111	18. CAUSE OF DEATH	Enter anly one cause per line for (a),	Ib), and (c).1		BETWEEN ONSET AND DEATH
4 4 4 4	PART I. DEATH WAS	MEDIATE CAUSE (o)	2010CHENIC SH	ock	
the public of		DUE TO, OR AS A CON	ISECULENCE OF		
The second	Conditions, if any, w	hich (b) AC	MTE ANTERIOR	MYOCARDIAL INFARCTI	
2 2000	gave rise to immed cause (a), stating	liate		INFARCTI	un
2 7 5 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	underlying cause		ISEQUENCE OF		
the party of	DART 2 OTHER SIGNIE	CANT CONDITIONS CONTRIBUTION	NG TO DEATH BUT NOT RELATED TO THE T	EPANINAL DISEASE OF CONDITION OF	IVEN IN PART IVA
Dig of the last			URG 17 ATION	ENMINAL DISEASE ON CONDITION O	IN PART III
1 1 2 2 7 2	190 DATE OF OPERATIO		WHICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF Y	ES, WERE FINDINGS USED
5 5 5 5	190 DATE OF OPERATIO			IN CERT	TIFYING CAUSES OF DEATH?
10 110 g	710 ACCIDENT WAS UNDERL	YING 7 21b. TIME OF INJURY	171, HOW IN ILIPY OC	CURRED (ENTER NATURE OF INJURY IN ITEM 18	YES NO
34 225 7	OR CONTRIBUTING TO CALL	LIGHT AN HOLE	TH DAY YEAR	CORRED (ENTER NATURE OF INJURY IN HEM I	P PART ORPARI 2)
No 131 17	(IF EITHER NOTIFY MEDICAL I		211, LOCATION		
10 10 1 b		LAT HOME STREET FACTORY		CITY OR TOWN	COUNTY STATE
Se see a	ORK NOT WHILE				
No was a		is haspital) attended the deceased		10 199	. 19_16_, that 1) (we) last
E	saw the deceased of abave, (It (we) (did)	(did not) view the body after death	19, and that in (aur) apir	nian death accurred on the date and ho	aur and fram the causes stated
2 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	27b. SIGNATURE	14. 00	DEGREE		22c DATE SIGNED
A	much	- runa Car	PHYSICIAL	G MEDICAL STAFF	18/11/86
HOSPITAL INDER	22d. PHYSICIAN'S NAME	(TYPE OR PRINT)	22e. ADDRESS		
T	Dr. Chopra	a	3455 Wilke	ens Avenue	
5 g 5 g 4 g	230. BURIAL, CREMATION, REA		23c. NAME OF CEMETERY OR CREMATO	RY 23d LOCATION	
BP	(SPECIFY)	8/12/86	Lorraine Park Ceme	CITY OR TOWN	ltimore Md.
OF	Burial 24 FUNERAL DIRECTOR	0/12/00	17.00	DATE REC'D. BY REGISTRAR 25b. REGI	
DHMH - 16 60M 7/84	NAME		DRESS 21229		Davidson-Biss
(VRA 15, 4)	Hubbard Funer	al Home, Inc. 41	0/ Wilkens Ave.	VOO 1 9 1900 H	





STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE ()

- STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME FIRST 20 DATE OF DEATH MONTH 2h HOUR LIVEE OF PRINTS Walter P. Jennings August 4, 1986 S DATE OF BIRTH 6 AGE TIN YEARS LAST BIRTHDAY 1 56 K 4 RACE IF UNDER 24 HRS MONTH DAY YEAR Male White 6 1909 BIRTHPLACE (STATE OR FOREIGN THE CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED COUNTRY U.S.A. Baltimore City Virginia WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION O CITY OR TOWN OF DEATH 12n LISUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LITYPE OF WORK FOR MOST OF WORKING HEEL INDUSTRY Baltimore Prancis Scott Kev Medical Center Steel Worker Beth. Steel OUNTY 13e STREET ADDRESS / ZIP CODE 13r CITY OR TOWN 13d INSIDE CITY LIMITS? Baltimore Dundalk 2977 Cornwall Road 21222 Maryland YES [] NO X EATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Henry Jennings Nettie Jones WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT ADDRESS HE YES GIVE WAR OR DATES! Lucy F. Jennings No Same as 13e 216-09-5781 APPROXIMATE INTERVAL 18 CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY-PULMONARY DUE TO, OR AS A CONSEQUENCE OF LUNG HROMIC Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF ANBURYCM underlying couse CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20h, IF YES, WERE FINDINGS LISED 70n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [] NO [210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH LIE FITHER NOTIFY MEDICAL EXAMINERS P.M 19 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OF LOWN COUNTY STATE AT HOME STREET, FACTORY OFFICE FARM, ETC 1

NOT WHILE 22a I certify that (1) (this haspital) attended the deceased Iram saw the deceased alive an abave, (1) (we) (did) (did not) view the bady after death

226 SIGNATURE

FOR

8/7/1986

DEGREE 22e ADDRESS

23c NAME OF CEMETERY OR CREMATORY

Gardens of Faith

ATTENDING

MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN

and that in (my) (our) apinian death accurred an the date and have and I am the causes stated

22r. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL 23b. DATE

DUNRAN 23d LOCATION

24 FUNERAL DIRECTOR Duda-Ruck, Inc. DHMH - 16 60M 7/84 (VRA 15, 4) 7922 Wise Avenue

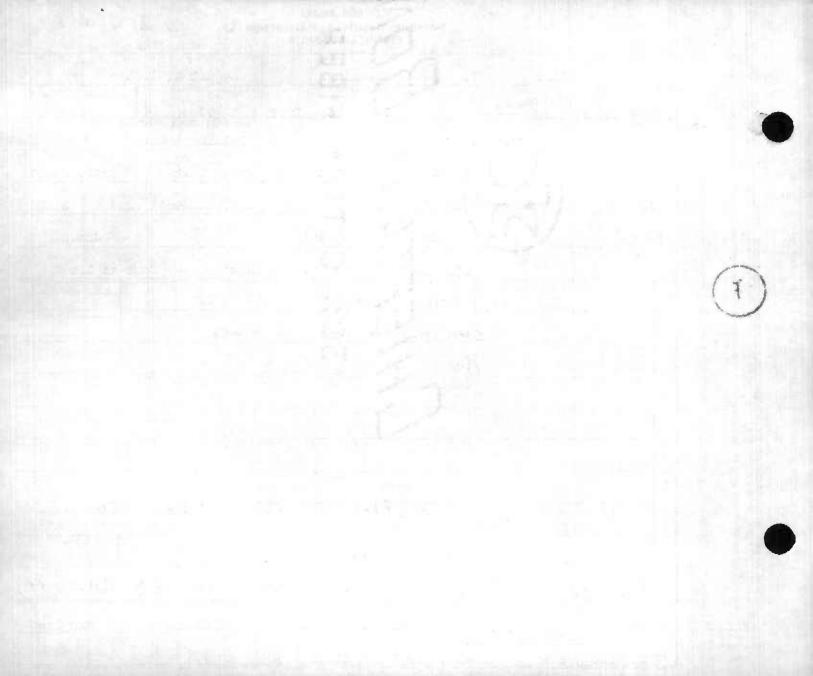
(SPECIFY: Burial

Dundalk, Maryland

21222

Baltimore

250 BATE REC'D. BY REGISTRAR 25h, REGISTRAR'S SIGNATURE in Davidson Pandalle



	FOR		
_	STATE		

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

300	-81	765		FOR STATE REGISTRAR				MENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	REG. NO	Too Green	4 7	O
	n me			CEASED NAME	FIRST		MIDDLE	1	AST	20. DATE OF DEATH	MONTH DAY	YEAR 2	b. HOUR
	boge deat				ARY		PICE		ARDI	AUGUST	16	986	142 AM
-	E d		3. SEX	·		4 RACE		S. DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIRTI	MON		FUNDER 24 HRS HOURS MIN,
	* 25	3		FEMALE		WH		09	02 1878		YRS.		
BL.	200	169	Pa. BI	RTHPLACE (STATE OR FO	REIGN		WHAT COUNTRY?	MARRIE	NEVER MARRIED	9 BALTIMORE CITY OF		DEATH	
7	P S S	6/	_	IEM YORK	•		5.A.	WIDOWE		BALTIN	-	CITY	MD.
-(E PI	3/1	To	TY OR TOWN OF DEA	TH /	(IF NOT IN SUC	HEACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATIO	WORKING LIFE)	126 KIND OF B	BUSINESS OR
25	1 /	1	USU	ALTI MOLE	NG HOME OR	OTHER INSTITUTION	SAMAR GIVE RESIDENCE BEFORE	ADMISSION	HOSPITAL	HEMEWAKET		HOWEN	DAKET
ND	24 Filled	2		aryland	HATC	ord Co.	13c. CITY OR TOW	(21050)	13d. INSIDE CITY LIMITS? YES NO 🔼	130 STREET ADDRESS /	ZIP CODE	Drive o	11052
YLA	rthin tely 2 sh	The Comment	$\overline{}$	THER'S NAME		MIDDLE	1467		15 MOTHER'S MAIDEN NA	AME			
MA	and ond	000	1	PASQUALE		MIDDLE	JELULY!		CATHETINE	WIDDLE		Unkn	TUN.
ORE,	Zeecut of the contract of the	dicol		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU		17 INFORMAN (NEME	3)879-7821 ADDRES	RIGGE	croft D	CIVE
TIMO	on a	E		HO	_		214-24-	9953	we rencont T	MATASSA TEN	EST HILL	Marylan	4/21050
BAL	hysicia paper	11, 16		18 CAUSE OF DEATH PART I. DEATH W	Enter on	ly one couse per	line for (a), (b), and	d resul		fun, almorre		APPROXIMA BETWEEN ON!	SET AND DEATH
ST,	ertifie	ever				E CAUSE (o)	AS717-47	104	PHEN WO!	JI A			
O N	oth c	matic				DUE TO, O	R AS A CONSEQUE	NCE OF			46.4		
RES	e de	to n	8	Conditions, if ony, gove rise to imm		(b)_					11102		
*	by th	ther		couse (a), stating underlying couse	the lost	DUE TO, O	R AS A CONSEQUE	NCE OF					
201	sed bed belea	, ar		PART 2 OTHER SIGN	IEICANT C	ONDITIONS CO	ONTRIBUTING TO F	EATH BUT	NOT RELATED TO THE TER/	MINIAL DISEASE OR COMP	UTION CIVEN	IN L DA DT. 1.	
SDS,	sign Then		NO	Trial E Givien Giore	III CANTO	.01101110110	31411(100111401101	ZEATH BOT	NOT KELATED TO THE TERM	WIINAL DISEASE OR COIND	ITION GIVEN	IN PART ITS	
Ö	beer mit.	À /	CERTIFICATION	190 DATE OF OPERAT	ION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, W	ERE FINDING	S USED
AL RI	he le	3	TIFE	CP navete						YES NO	YES [G CAUSES OF	NO [
VII	physical phy	80/	CER	210. ACCIDENT WAS UND	_	216. TIME C		AY YEAR	21c. HOW INJURY OCCUP	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART	OR PART 2)	
Ö		te d	CAL	OR CONTRIBUTING C	AL EXAMINER			19					
O NOISION	G PHYSI strending er this ce the buri		MEDICAL	214 INJURY OCCURR		21e PLACE (AT HOME, STE	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET	CITY OR TOW	IN	COUNTY	STATE
N	0 5 5 5	arked	•	AT WORK AT WOR	E U								
	Tol or of OR: After Use os	i.		220.1 certify that (1) sow the decease		61.	e deceosed from_	16/11	186 19	to &	. 19_		ot (I) (we) lost
	F 9 17 0	. E		obove To well d	d did no	liview the body	atter death.		d that in (my) (our) opinion	death accurred on the dat	e and havi an		
P. Contract	0 0 0 00			77	45	1	n	0	DEGREE ATTENDING	MEDICAL STAFF		27c. DATE SIC	In /
	HOSPITAL ned by the FUNERAL sld be deto	Z-/		ZM PHYSICIAN SYLA	ME ITHE C	ETABLET OF	7,	2	PHYSICIAN	DIRECTOR PHYSICI	AN	18/16/	86
	OH STEE	ORT		Dwig			OPER, M.	2			1100	DITA	,
	Op Op	ž+	230 B	URIAL, CREMATION, F		236 DATE			EMETERY OR CREMATORY	MARITAN 1230 LOCATION	11007	PITA	
	BP		4	Buried					MEnoral Garden		Mondo.	Marelan	A ZIO47
	DHMH - 16 60/	M 7/84	24 FL	INERAL DIRECTOR	- 50-1	501	M. Breadus			TE REC'D, BY REGISTRAR Z			
B	(VRA 15,		0	mulstrage	Fritze	BEI	Ar Maryla	21 21	DIY INDE	Screen	ulia Don	don Par	Pakk.

PARTY TO THE PARTY OF THE PARTY

Lucyal word that will by may the market and Plenope to the travel acceptant of travelymin. Mark hardware published widower sets and other at a 1 de 180 dinner of

0-15500	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	0 0 14 14
noy be C C C C deeth C C	I. DECEASED NAME FIRS	† MIDDLE LAST	REG. NO. 20. DATE OF DEATH MONTH DAY YEAR 2b. HOUR
4 gt X	3. SEX FEMALE	4. RACE S. DATE OF BIRTH MONTH DAY VEAR OCT. / 1919	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HES MONTHS DAYS HOURS MIN.
deoth. Pog	70. BIRTHPLACE STATE OR FOREIGN	MARRIED WIDOWED DVORCED	BALTIMORY CITY MD.
1201 60/s 'ofter Fred the Fred tiled with	BALTIMORE	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) SF - AGNUS HOSPITAL ADDRESSION ME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION)	12a USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY HTM. MARKET LIFE INDUSTRY Democratic
LIAND 24 In the Should be		OVNTY 134. CITY OR TOWN 134 INSIDE CITY LIMITS? 134 INSIDE CITY LIMITS? YES NO STANDARD NO.	13e STREET ADDRESS / ZIP CODE 1211 OBLIA AVE. 21043
E, MAR	FITCH 160 WAS DECEASED EVER IN U.	MIDDLE TURRY ALLIE	ADDRESS BRANKAM
Saltimore or	No	ter only one couse per line for (o), (b), and (c.,)	3510 1D COURTHUSE AR. BETTER TO TO THE OFFICE APPROXIMATE INTERVAL BETTER ON MET AND DEATH
that the death certification the offerther than the offerther transfer tran	Conditions, if ony, white gove rise to immediate couse (a), stating the underlying couse los	DUE TO, OR AS A CONSEQUENCE OF Germalied net	sis with multiple juiture itomitis
TAL RECORDS, 20 The low requires 1 cition. Is to been signed gene prior to buring shows only injury, on	WING DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED Perforated Cocum with Danium Pentoni	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO NO
NG PHYSICIAN. The ottending physicion then this certificate his os the buriol-tronsit pit and Mental Hygien orked or Item 18 show	OR CONTRIBUTING CAUSE OF THE EITHER NOTIFY MEDICAL EXAMINATION OF THE CONTRIBUTION OF	DE DEATH HOUR A.M. MONTH DAY YEAR P.M. 19 21e PLACE OF INJURY LINE PLACE OF INJURY STREET STREET	RRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE
R ATTENDI hospitol or RECTOR: A hed for use spt. of Heol	22a.1 certify that (1) (this	re on	, to
TO HOSPITAL O efformed by the TO FUNERAL DI should be deficite with the Store Dr. MAPORTANE: If I	22d PHYSICIAN'S NAME (ospital Bultimore, MD 4229.
BP	230 BURIAL, CREMATION, REMO	10 ARC EG GOOD SMERTERD Com	23d LOCATION CITY OR TOWN CITY OR TOWN CITY OR TOWN STATE MD
DHMH - 16 60M 7/84 (VRA 15, 4)	5 LACK FORENCE	Comme Euger Cotty ND 2xy	TE REC'D. BY REGISTRAR 1358 REGISTRAR'S SIGNATURE

WHITE 067. 1 1919 66

USA V BALTIMORU CITY

ST. ALDES HOSPITH HIMMAROR DOMES

BALTIMORU CITY

BALTIMORU CITY

TURRY ALLIE

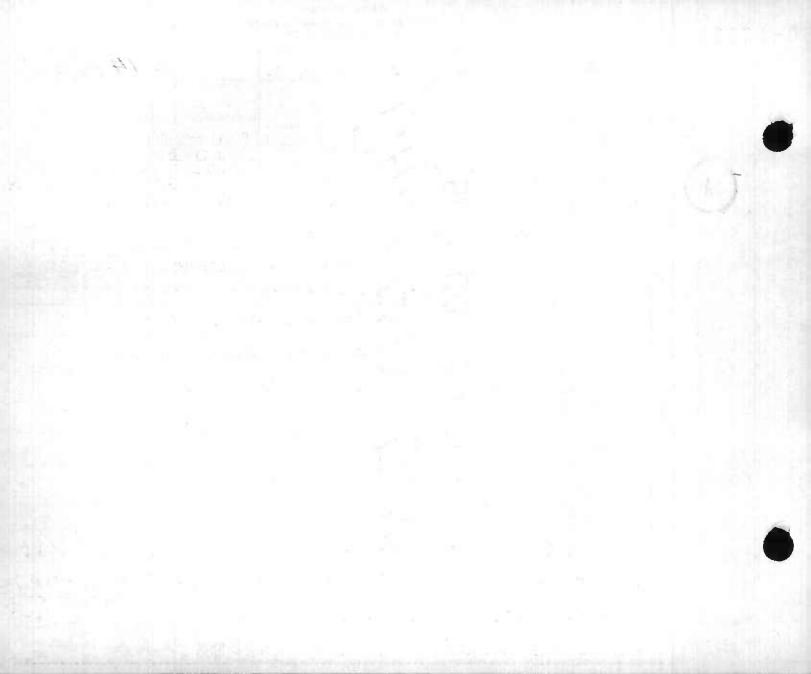
2576

216-51-9000 BREDNEN MILLER 2576

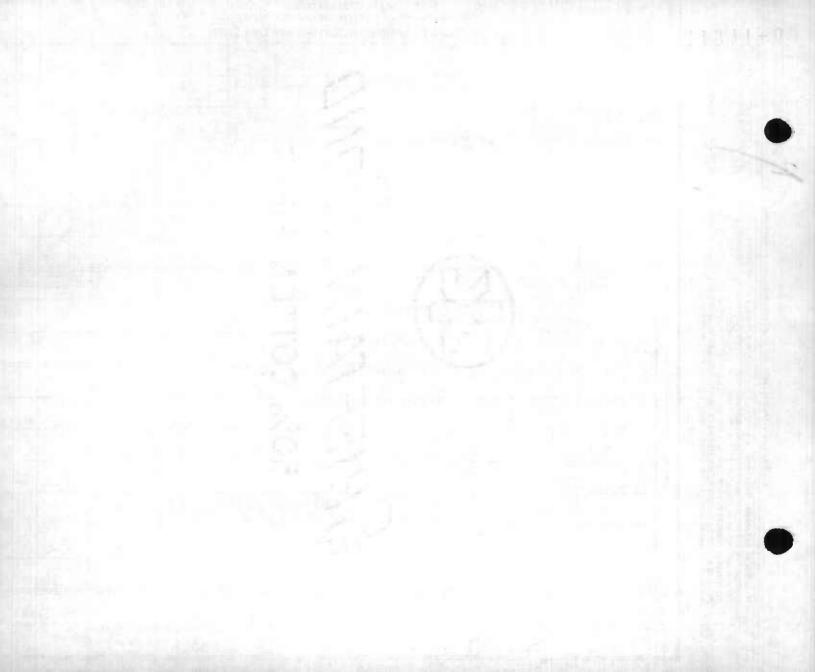
Bus

Consist Turker of the State of to SSM e S (2 to 34/ 1025511) S.S. X MANUAL S.S. TIMETING STORY TO THE STORY THE STOR The state of the s x x 1917 Feb. 1717 F

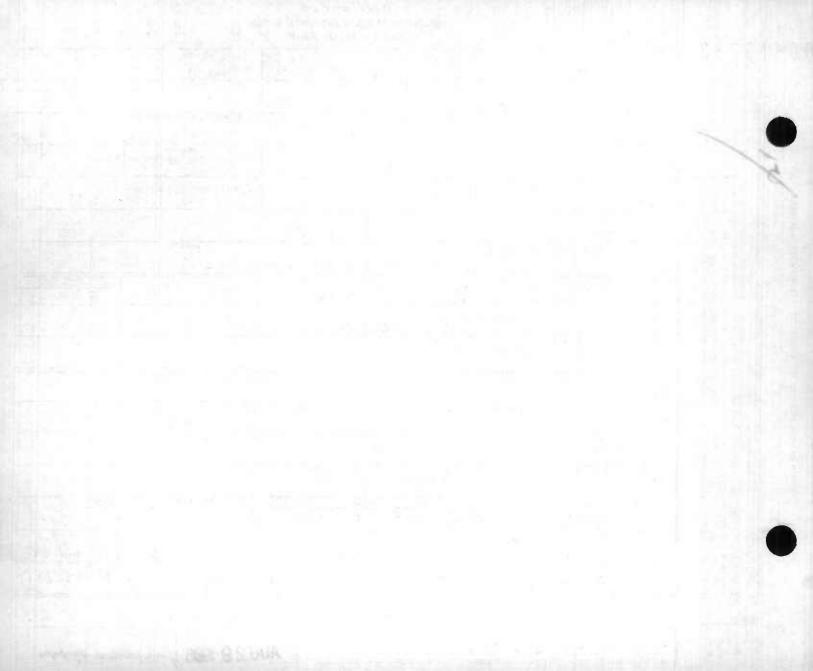
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE (- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 20. DATE OF DEATH I. DECEASED NAME MONTH (TYPE OR PRINT) JOHN SON **FDGAR** D. 4 RACE 6. AGE TIN YEARS LAST BIRTHDAY 5. DATE OF BIRTH YEAR MALE BLACK 64 TO BIRTHPLACE ISTATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY MARYLAND BALTIMORE CITY WIDOWED DIVORCED [A CITY OF TOWN OF DEATH 126 USUAL OCCUPATION 126 KINDOF BUTILESS PA BALTIMORE LUTHERAN HOSPITAL AMBALANCE DRIVER HEALTH HOSP. 130 STREET ADDRESS 3336 GWYNNS FALLS PKWY 13c. CITY OR TOWN MARYLAND BALTIMORE BALTIMORE, MARYLAND 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST **EDGAR** D. JOHNSON SR ANN D. IFF 16b. SOCIAL SECURITY NO. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 3336 GWYNNS FALLS PARKWAY LYES NO OR UNKNOWN 217-18-3524 VERNA JOHNSON BALTIMORE, MARYLAND 21216 18 CAUSE OF DEATH (Enter only one couse per line for 101, (b), and (c) CARDIONULMONANY PART I. DEATH WAS CAUSED BY. DUE TO, OR AS A CONSEQUENCE OF CARDIO MYOPATHY Conditions, if ony, which gove rise to immediate couse (a), stoting the A CONSEQUENCE OF MYO CARDIAL INFAMILE underlying couse CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ON CONDITIONS ON THE SECOND TO THE SECOND 19a DATE OF OPERATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO T 71a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21f. LOCATION 21e PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE, FARM, ETC.) CITY OF TOWN 22a.1 certify that (I) (this hospital) attended the deceased from saw the deceased olive on_ and that in (my) (aur) opinion death occurred an the date and hour and from the causes stated MATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL 8/19/1986 New Cathedral Cemetery BALTIMORE, MARYLAND 24 NUTTER COSONS FUNERAL HOME, INC. DHMH - 16 60M 7/B4 2501 GWYNNS FALLS PKWY. BALTIMORE, MD. 21216 (VRA 15, 4)



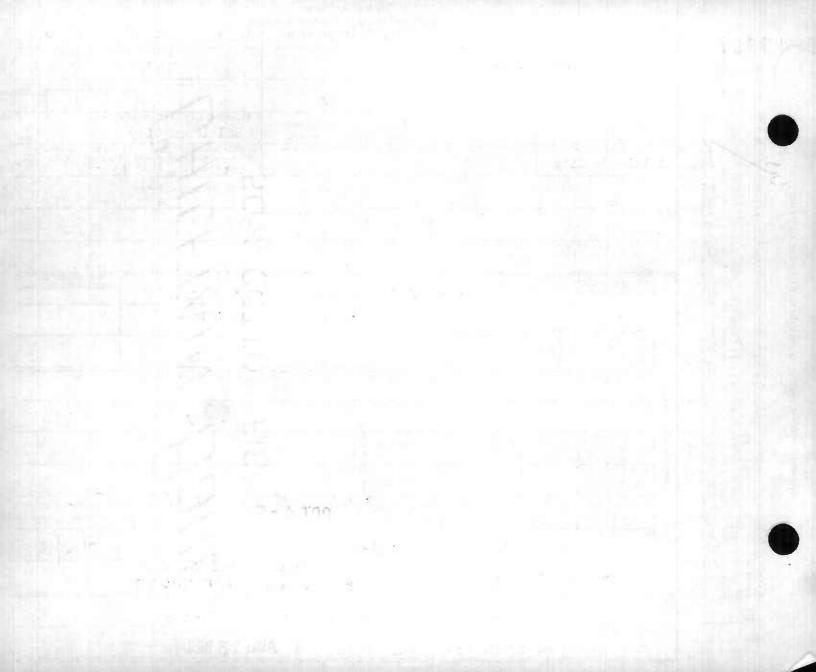
										MARYL						-		
		1	FOR				DEPART	MENT OF	HEALT	HAND	MENTAL	HYGIEN	E '	2 2	fu.	1	44	
111-	11612	1 -	STATE REGISTRAR			M	EDICAL	EXAMI	NER'S	CERTIF	CATE	OF DEA	TH '	REG. N	•	1	7	
00	14012	1. DE	CEASED NAME	FIRS	Ť		MIDDLE			IAST			2- DATE I			0.11	25.40	In
			E OR PRINT)							2770			OF OF	KNOWN D	MONTH	DAY	YEAR	2b. HOUR
	なるであげ			Edw	ard				Joh	nson			DEATH	MATED [3 8-	2	1986	,
	PLEA ECTO STREE STREE	3. SE		1. RACE	5 DA	TE OF BIRT		& AGE (IN)		JNDER I YE		R 24 HRS.	2c. DATE		MONTH	DAY	YEAR	2d HOU
	ON STATE	L M		В			Y YEAR	16		NTHS DAYS	HOURS	MIN.	PRONOUN	CED	8-	2	1986	11:4
	32020		IRTHPLACE (ST.		3	23	WHAT COU		YRS.					005 01514				d. A
-	SIS SIE	FC FC	REIGN COUNTRY)	STE OR	76. C	IIZEN OF	WHAI COU	NIRY?	MAR	RIED	VEVER MAR	RIED A	9. BALTIMO	DRE CITY O	DR COUNT	YOF	DEATH	
	#36.20	M	arvland			U.	s.a		WIDO		DIVOR		Balt	timore	e City	v .		AAT
	STEW STEE		ITY OR TOWN	OF DEATH		IAME OF HO	OSPITAL, NO	JRSING HON		THER INSTI	UTION	TZe. USU	JAL OCCUP	ATION (TYP		12b KIP	ND OF BU	SINESS
-	一 日本の日本		D-114.		(16			STREET ADDRESS		43.000.0		FOR	MOST OF WORK	ING LIFE)		OR	RINDUSTR	tY
2	NAWAR CO	dicus	Baltir			Unive	rsity	Hospi	tal	- STU			N/A					
a	23338		AL RESIDENCE (113b CC		INSTITUTION,		E BEFORE ADMISS	SION)	IT34 INSID	CITY LIMITS?	113e STR	EET ADDRES	22				
1 2	名名が存在	M	arvland	-		-	er.	timore	2	YES			Otter		Stree	+ !	21230)
- 2	The same		ATHER'S NAME				1700	OTIMOT			HER'S MAID			OCILI	DOLCC	. 0		
- 2	4-1295	-	FIRST		MIDD	re		LAST		13. 74.01	FIRST	LI4 I4WML	MI	DOLE			LAST	
98.6	875×48	_	Silas					hnson			essa					Bo	ne	
N.	N. S. S. S. S.	16a V	VAS DECEASED	EVER IN U.S.	ARMED FO	DRCES?	16b. SO	CIAL SECURI	TY NO.	17. INFO	RMANT			ADDRESS	5			
- 5	ERE 988			(10, 162)	DIVE WAR ON	DATEST	276	862741		Mag	0300	an To	hnson	E11	0++02	hoi	n Ctv	anot
2	Speas	H	no Course or	DE ATILIE .					+	In S.	oues	5a 00	mison	711	occei	-		
1	Sey F.		18 CAUSE OF	THE VALAC CAL	ICED DV					-3						BETV	PPROXIMATE	AND DEATH
Z	24 HO ITEM IONG PERA PERA VAL			IMMEI	DIATE CAL	JSE (o)	Junsho	t Woun	d of	Abdo	nen	(un:	specif	ied)				
510	A P P P P P P P P P P P P P P P P P P P		-		(DUE TO, C	OR AS A CO	NSEQUENCE	OF									
PRESTON ST	EV LYS			s, if ony, wh														
>	UTED WITHI IN PENCIL EXAMINER IIAL - TRANS O MENTAL H ON, OR REA			to immed		(b)	20.46.4.60	des en la								-		
201 W.	8 8 5 9 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		lying caus		ger.	DUE TO, C	JK AS A CO	NSEQUENCE	OF									
	PANAGO			14		(c)	1.77		3 20	30								
S	A A B A S A		PART 2 OTNER SIG	NIFICANT CONDITI	ONS CONTRIB	UTING TO DEAT	TH BUT NOT REL	ATED TO THE TER	MINAL DISE	ASE OR CONOIT	ION GIVEN IN P	ART 1 to						
Ö	EN POOR	Z	STATE															
DIVISION OF VITAL RECORDS,	ULD BE EXECUTED WITHIN 24 HO "PENDING" IN PENCIL IN ITEM. FF MEDICAL EXAMINER ALONG ED AS A BURIAL - TRANSIT PERM HEATH AND MENTAL HYGIENE AL, CREMATION, OR REMOVAL.	CERTIFICATION	190. DATE OF	OPERATION		TIN CON	DITION FOR	WHICH OPE	PATION	NA/A C DEDE	PAAED2	2				Inc. a	LIT O DOWN	
4	FICATE SHOULD THE WORD "PEI TO THE CHIEF W OULD BE USED A RTMENT OF HEA OR TO BURIAL, O	ō	ING. DATE OF	0, 5,1,1,1,0,1,		170 COIN	DITIONTOR	WHICH OF	KAHON	WASTERIC	DRMLD:					70 A	AUTOPSY?	
F	XX2557	1	211191-	and the												Y	res X	NO 🗌
J.	NEN SEN		210. EXTERNAL				OF INJURY	DAM ME	21c.	IULNI WOH	RY OCCURR	ED LENTER	NATURE OF INJU	JRY IN ITEM 18	PART 1 OR PAI	RT 2)		
z	SE SE	1	UNDERLYING CONTRIBUTIN	OR CAUSE	OE DEATH			DAY YEA		ماد خاماد		ط م ما م						
Sio	2200	MEDICAL	21d. INJURY O		OI DEAIII		E OF INJURY	19		OCATION	was	SHOL						
<u>></u>	PER SE	W W	WHILE	NOT WHILE			ACTORY, FARM,		7.11	STREET			CITY OR TOW	/N	COL	JNTY		STATE
۵	AAG AAG		WHILE AT WORK	AT WORK	(A)		stree	t	80	0 blk	. Clif	ford	St	Balti	imore	.Mar	vlan	d
	NER: THIS CERT CATE, WRITING FORWARDED TOR: PAGE 3 SH THE STATE DEPA AND, 21201 PRI			that I taak ch			lacational at-	and health		psy XX								
	M Q S O E S		100		CUMBE		1		Auto		Inspection	an L.J.	Inquiry	LI. or	nd in my op	inian		
	SERDES		death resulte	d from:	latural cav	10/	Acudent	L. 15	vicide	, Hor	nicide XX.	Undet	ermined mai	nner				
	A WE BER		Washing T	10		ST	1	10V	1/1	TILLE	(SPECIFY)							
	1#01E.		SIGNATURE /	Well	uu	2 /V	Yres	15	un	MASS	istant	MED	ICAL EXAMI	INIED	DATE	3	3-3-8	6
	SER AS		70-210-130-		10000	0	11		13				CALLAAMI	INLK	SIGNE			
	NO SECTION	100	EXAMINER'S N	IAME De	nnis	F Sr	myth,	M D			111 1	enn '	St., E	Raltir	mre i	Nid.	212	01
	TO MEDICAL EXAMINER: THIS CE EXECUE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDE TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P		(TYPE OR PRIN							_ADDRESS				MT CTI	IOT C'I	• 101.	414	01
		23a.B	URIAL, CREMAT	ION, REMOVA			23c.	NAME OF CE	METERY	OR CREMA	TORY	23d. LC	CATION		COUR	414	STA	ATE
07/84	BP		urial		8/	7/86	K	ing					andals	stown			Maryl	
25M			UNERAL DIRECT			11111				24 0	250. DATE	REC'D. BY	REGISTRAR	25b. REG	ISTRAR'S S	IGNATI	URĘ	
	DHMH - 17 (VR A15 ME (5))	Wr	n.C.Marc	h F/H	Tnc	110	E. No	orth As	Zenii -		Alt	9 6	1986	Wast V	Jur den	1-Na	mplest.	
4 .	(4K VID ME (2))		C	11 1/ 11	1110.	4.4.0		T OII M	CITUE		UM	G Y	יטטטי					



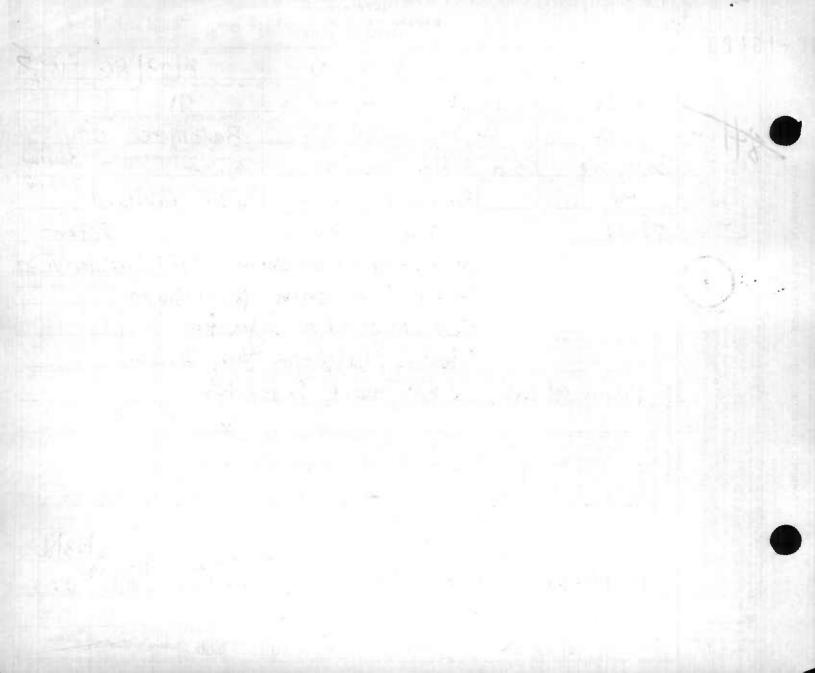
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH MONTH 7h HOUR TYPE OR PRINTS GENEVA **JOHNSON** AUGUST 1986 6. AGE (IN YEARS LAST BIRTHDAY) 3 SEX 4 RACE 5. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS MONTH 15 Female Black BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY) Maryland WIDOWEDIX BALTIMORE CITY DIVORCED | CITY OR TOWN OF DEATH 1). NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH EACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY DOMESTIC BALTIMORE 2775 THE ALAMEDA SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI 13. STREET ADDRESS / ZIP CODE 2775 The Alame 30. STATE 13b COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? Baltimore The Alameda 21218 Maryland FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Williams Virginia Martin Thomas ADDRESS 166 SOCIAL SECURITY NO 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 2775 The Alameda 217-26-5329 Myrtle G. Wilson APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per ling for (a), (b), and (c PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (D. A CONSEQUENCE OF MDer teusion Conditions, if any, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS. CERTIFICATION 190 DATE OF OPERATION 200 AUTOPSY? 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NON 21a. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIEY MEDICAL EXAMINER) 214 INJURY OCCURRED 211 LOCATION 71e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE EARM ETC.) NOT WHILE MLL 220.1 certify that((1) Whis haspital) attended the deceased from sow the deceased of and That in (my) (our) opinion death occurred on the date and hour and from the couses stated above, (1) (we) (did) (this not) view the body after death 22h SIGNATURE DEGREE 220 DATE SIGNED ATTENDING MEDICAL STAFF should be deta with the State | PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22e ADDRESS 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 0 23b DATE 23¢ NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL Anne Arundel Co, BURIAL Md. 9/2/86 Cedar Hill Cemetery 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 250, REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 March Funeral Homes 1101 East North Avenue (VRA 15, 4) ima survision



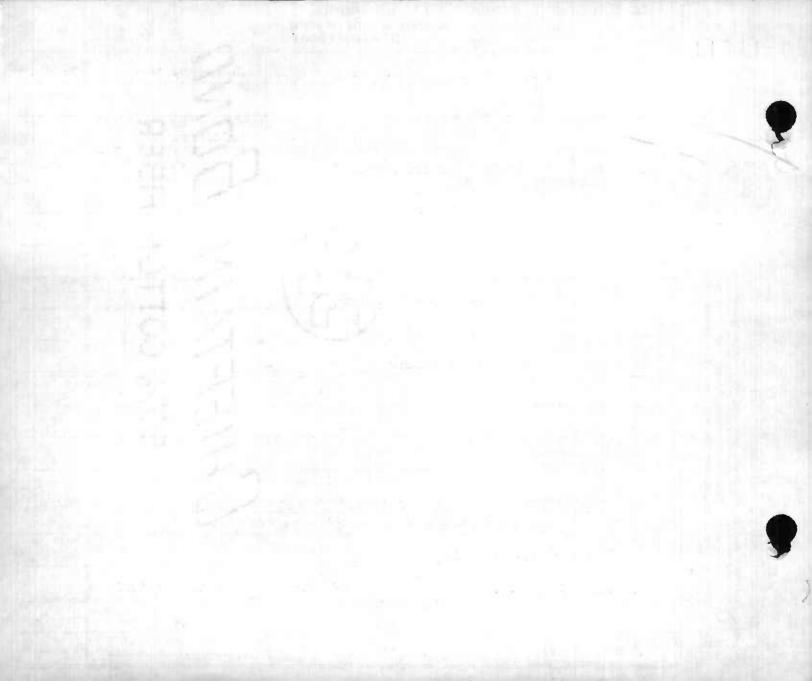
	1.	FOR STATE	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HYG	GIENE, O	3 -1 7 4
5207		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	2 4 / 0
oge 3 C		CEASED NAME FIRST Jame	s Johnson	LAST	20. DATE OF DEATH MONTH 08/10/	AN YEAR 26. HOUR
ge 4 may b ectar, page irs after deal	3. SE	male	4 RACE black	5. DATE OF BIRTH MONTH 28/18 YEAR	6. AGE (IN YEARS LAST BIRTHDAY) 68	IF UNDER 1 YEAR IF UNDER 24 HR
orff. Po		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	? 8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	Baltimore City or County Baltimore City	
2 40		TY OR TOWN OF DEATH		ING HOME OR OTHER INSTITUTION ET ADDRESS)	12ª USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	126 KIND OF BUSINESS C
22 Par line of the control of the co	13a. S	Md 136. COUI	ROTHER INSTITUTION GIVE RESIDENCE BEFO	ORE ADMISSION) WN 113d INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE 3 N. Ellamont	Street 21229
On the second	Je	ATHER'S NAME FIRST Try	MIDDLE LAST John		WE	Byrd
D. D. D.		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV NO	RMED FORCES? 166 SOCIAL SEC VE WAR OR DATES) 250-16-		ADDRESS Son 3 N. Ellamon	t Street
death attend nove co ation, o		Conditions, if ony, which	DUE TO, OR AS A CONSEO	VENCE OF Carolio genic	JANUE,	
s that the ed by the slease rer rial, crem or ather	NO	gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEON	UENCE OF	IINAL DISEASE OR CONDITION GIV	EN IN PART 110
e low requires that the	RTIFICATION	gove rise to immediate couse (a), stating the underlying couse last	(c) CONTRIBUTING TO		200 AUTOPSY? 20b. IF YES IN CERTIF	EN IN PART TO. WERE FINDINGS USED YING CAUSES OF DEATH? S NO NO
HYSICIAN: The low requires that the rading physicion. Ins certificate has been signed by the buriol-transit permit. Then please ret i Mental Hygiene prior to burial, crem or Item 18 shows any injury, or other	AEDICAL CERTIFICATION	gove rise to immediate couse (o), stoting the underlying couse lost PART 2 OTHER SIGNIFICANT (19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE- (IF ETHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED	CONDITIONS CONTRIBUTING TO 196. CONDITION FOR WHICE 216. TIME OF INJURY HOUR A.M. MONTH IS P.M. 216. PLACE OF INJURY	D DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED 21c. HOW INJURY OCCUR!	200 AUTOPSY? 206. IF YES IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH?
DING PHYSICIAN: The law requires that the or ottending physician. After this certificate has been signed by the e os the buriol-transit permit. Then please ret oith and Mental Hygiene prior to burial, cremmarked or Item 18 shows any injury, or ather	MEDICAL CERTIFICATION	gove rise to immediate couse (o), stoting the underlying couse lost PART 2 OTHER SIGNIFICANT (19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINE) 22a. I certify that (1) (this hospitation of the deceased alive and	(c)	DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED 21c. HOW INJURY OCCUR! 19 211. LOCATION STREET	200 AUTOPSY? 206. IF YES IN CERTIFE YES YES NOTE YES 18 P. CITY OR TOWN	O, WERE FINDINGS USED YING CAUSES OF DEATH? S NO
OR ATTENDING PHYSICIAN: The low requires that the hospital or otherding physician. DIRECTOR: After this certificate has been signed by the other for use as the burial-transit permit. Then please ret Dept of Health and Mental Hygiene prior to burial, crem filtern 21 is marked or Item 18 shows any injury, or other if them 21 is marked or Item 18 shows any injury, or other		gove rise to immediate couse (o), stoting the underlying couse lost PART 2 OTHER SIGNIFICANT (19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF ETHER. NOTIFY MEDICAL EXAMINE) 21d INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINE AT WORK NOT WHILE AT WORK 22a 1 certify that (1) (this hosping sow the deceased alive on obove, (1) (we) (did) (did not 22b. SIGNATURE)	(c)	DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED 21c. HOW INJURY OCCUR! 19 211. LOCATION STREET DEGREE ATTENDING PHYSICIAN F	200 AUTOPSY? 20b. IF YES IN CERTIF YES NOWN ITEM 18 P. CITY OR TOWN deoth occurred on the date and hour MEDICAL STAFF DIRECTOR PHYSICIAN	COUNTY STATE COUNTY STATE COUNTY STATE 19 6 , thet (I) (we) le and from the couses stoted
OR ATTENDING PHYSICIAN: The law requires that the haspital or attending physician. IRECTOR: After this certificate has been signed by the liRECTOR after this certificate has been signed by the the for use as the buriol-transit permit. Then please retept of Health and Mental Hygiene prior to burial, cremitem 21 is marked at Item 18 shows any injury, or ather them 21 is marked at Item 18 shows any injury, or other	MEDICAL	gove rise to immediate couse (0), stoting the underlying couse lost underlying couse lost 19a DATE OF OPERATION 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER NOTIFY MEDICAL EXAMINE) CET STORM OF THE COUNTY O	CONDITIONS CONTRIBUTING TO 196. CONDITION FOR WHICE 216. TIME OF INJURY HOUR A.M. MONTH P.M. 216. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE attol) ottended the deceosed from the view the body ofter death. 219. PRINT) AMESH	DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED 21c. HOW INJURY OCCUR! 21l. LOCATION STREET 21l. LOCATION STREET DEGREE DEGREE ATTENDING	200 AUTOPSY? 20b. IF YES IN CERTIFE YES NOTE YES IN CERTIFE YES CITY OR TOWN CITY OR TOWN MEDICAL STAFF	COUNTY STATE COUNTY STATE COUNTY STATE 19 6 , thet (I) (we) le and from the couses stoted



•						OF MARYLAND				. ,
	1.	FOR STATE		DEPA		EALTH AND MEN		2	2 41/	1
28121-0	1	REGISTRAR			CERTIF	ICATE OF DEAT	TH -	REG. NO.		
0 10400		EASED NAME FIRST	M	NDDLE	61	AST .	2a. DAT	E OF DEATH MON	TH DAY YEAR	26 HOUS
nay be page 3 rr death	3. SEX	JULL	A N RACE	W.	JOH Is, DATE O	NSON	4 405	(IN YEARS LAST BIR) HOA	3 86	AR IF UNDER 21 ORS
tor. F	3. SE	MALE	BL	DER.	MONTH		YEAR	(IN YEARS LAST BIRTHDA	YRS.	
1 1100			b. CITIZEN OF V	WHAT COUNT	TRY? 8	4	9 BALT	MORE CITY OR CO	OUNTY OF DEATH	
朝命		OUNTRY) Va	u	· S.A	WIDOWE		CED 🗆	Baltimo	re CI	ty MD.
10 11 311	10 CI	Y OR TOWN OF DEATH		FACILITY, GIVE S	TREET ADDRESS) /	R OTHER INSTITUT		JAL OCCUPATION WORK FOR MOST OF WO	RKING LIFE) INDUSTR	Sourfow
20 20 20 7	10	altimore 1	Bon_	Secou		spital	Pa	inter	RKING LIFE) INDUSTR	FPE
ND 21:24 hour 24 hour 24 hour 24 hour 24 hour 24 hour 21:3	13a. S	L RESIDENCE (IF NURSING HOME OR OF TATE 136 COUNTY	TY	135 CITY OF		130. INSIDE CITY L	- 1 1 1	ET ADDRESS / ZIF		21216
rtely 25th	14. FA	THER'S NAME		20111	71101	15 MOTHER'S MA		-/ 100	The Late of	
MAR wale	1	u lan	MODLE	S	ahnson	Bert	tra	WIDDLE	To	ter
RE, RE, less 1		AS DECEASED EVER IN U.S. ARA		166. SOCIAL S	SECURITY NO.	17_INFORMANT	1-	ADDRESS	2	
TIMO be ex	(,	ES, NO QR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	571-	16-1888	EMMA	Johns	n 1427	Dukel	and St
BAI.		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	y one cause per l	line for (0), 16	, and ici	- 1	` _		APPRO BETWEE	DXMATE INTERVAL N ONSET AND DEATH
ST.	,5%	IMMEDIATE		AEIA	1 15	DIVAM	M	104 MAN	(NA)	
on the continuous of the continuous or the continuous of the conti			DUE TO, OR	AS ACONSI	EQUENCE OF	1.1.0	1.7	.1		
dea dea ofte nave	-	Conditions, if any, which gove rise to immediate	(b)	ala	IVVVO	cararar	MAIN	ctun		
W. Pl nat the by the sse rem , cremn other t		couse (a), stoting the underlying cause last.	DUE TO, OR	ACONSE	EQUENCE OF	7- (had by	na Dino	ane	
201 ss the sed b pleo prical,	-10	PARA2 OTHER SIGNIFICANT CO	(c)	NITE IN LITTLE	TO DEATH BUT	U A JUAN C				1.
auire quire sign to bu	20	DAMA OF	I MALA	X (D	Cata	act 5	M - A O	ws	ON GIVEN IN PART	110
RECORDS. low requir os been sig	ATIC	19a DATE OF OPERATION	IVII. CONDI	TION FOR WI	HICH OPERATIO	N WAS PERFORME	D 20a A	UTOPSY? 20	. IF YES, WERE FIND	INGS USED
L RE los hos per	CERTIFICATION		0				YES	NO DIN	CERTIFYING CAUSE YES []	ES OF DEATH?
VITA NY Thy cote consit Hygie Hygie 18 sho	GE.	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF			21c. HOW INJURY		7 -	ITEM 18 PART 1 OR PART 2	
SICIAN ng physical certification right.		OR CONTRIBUTING CAUSE OF DEAT	H HOUR A.A	A. MONTH	DAY YEAR					
PHYSICIA ending pl this certifie to burial-to d Mental	MEDICAL	21d INJURY OCCURRED	21e PLACE C	OF INJURY		211 LOCATION		CITY OR TOWN	COUNTY	67.475
DIVISION OF VITAL ING PHYSICIAN The r attending physician Wher this certificate h as the burial-transit pt and Mental Hygien arked or tem. I 8 show	×	WHILE NOT WHILE AT WORK	(AT HOME, STRE	EE1, FACTORY, OF	FICE, FARM, ETC)	STREET		CITORIOWN	COUNTY	STATE
APIN OF SECONDS		22a I certify that (1) (this haspite	al) attended the	deceased fro	om	12/1	9 81 to_	8 12	2) 19 86	, that (I) (we) lost
TTEN Portol for u		saw the deceased alive an above, (1) (we) (did) (did nat	X	VV		d that in (my) (aur	apinian death acc	urred on the date o	ind hour and fram th	ie causes stated
OR ATTI OR ATTI DIRECTO sched for Dept. of f ftem 21		22b. SIGNATURE	0 - 0	O. 4	.0	DEGREE				TE SIGNED
Teet the		1961	Inzola	n you	γ	MY) ATTEN	NDING MEDIC	AL STAFF	0. 81	23/80
HOSPITAL ined by the FUNERAL build be det h the State		27d. PHYSICIAN'S NAME (TYPE O	0	0	- 10	22e ADDRESS	Bon S	2 Cours	100201	0
		MERNAYO	1) · (IV	nzigue	5 Jan	2001	W. B.	returine	nd.	21223
of of shape	23a. B	URIAL, CREMATION, REMOVAL	23b. DATE	100	23c. NAME OF C	EMETERY OR CREM	ATORY 23d. L	OCATION		(1)
BP		Burial	8/29,	/86	iarrison	Forest \		wings	Mills	WQ
DHMH - 16 60M 7/84		NERAL DIRECTOR		A O O Anna	FSS .		25a. DATE REC'D.	BY REGISTRAR 256.	REGISTRAR'S SIGN	TURE
(VRA 15, 4)	M	arch Funeral Ho	me West	4300	Wabash A	venue	AUG 27	1986 gui	-Davidson-M	



STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 2a DATE OF DEATH MONTH 26 HOUR TYPE OF PRINT aymono oge 3 SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 9 BALTIMORE CITY OR COUNTY OF DEATH Jo BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WIDOWED DIVORCED | 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY USUAL RESIDENCE HE NURSING HOMEOR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 30 STATE 136 COUNTY 13d INSIDE CITY LIMITS? NO D 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO I IF YES, GIVE WAR OR DATES! IYES, NO OR UNKNOWN) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per fine for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Conditions, if ony, which inserco gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM LIDISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES [NO I burial-tronsit p 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM ETC.) STREET AT WORK NOT WHILE AI WORK 22a. I certify that (his haspital) attended the deceased from. saw the deceased alive an abave, (Mr) (did) .19 _____, and that in law four opinian death occurred on the date and haur and from the causes stated view the bady after death 22h SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL -STAFF PHYSICIAN | DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME TYPE OF PRINTS 77e ADDRESS uldi R MPO 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 236. DATE DHMH - 16 60M 7/84 (VRA 15, 4)

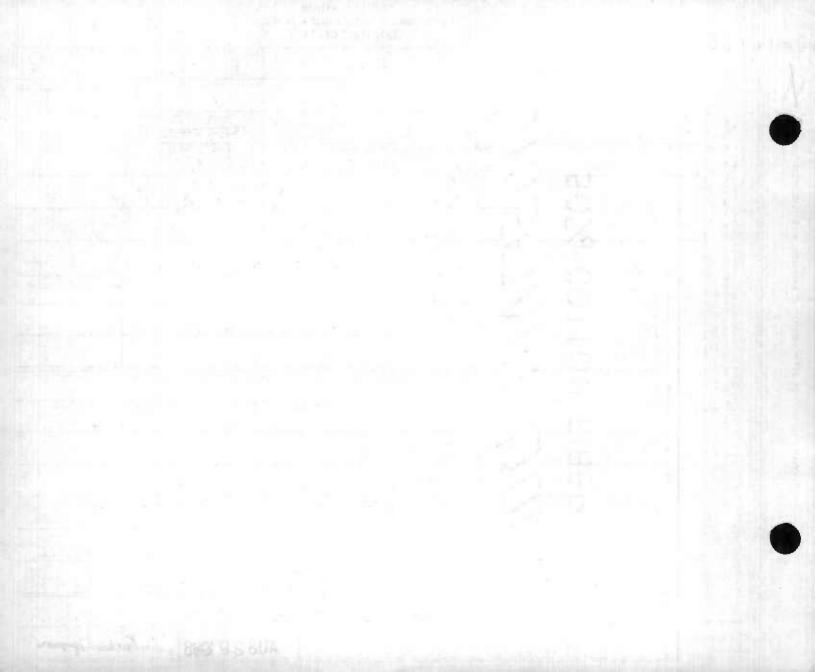
The state of the s

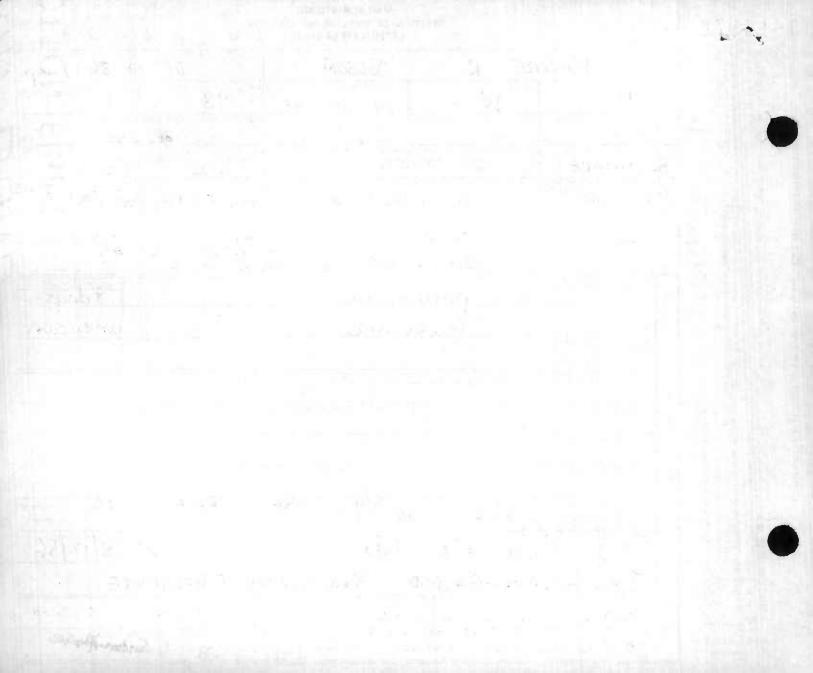
Archer Marchen de la grant de la participation della participation della participation de la participation della participation

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO Aug. 26 HOUR DECEASE RICHARD **JOHNSON** HN50 IF UNDER 1 YEAR 3. SEX DATE OF BIRTHOL TE CITIZEN OFTE MAT COUNTRY? To BIRTMA TO LATIOR FOREIGN MARRIED NEVER MARRIED WIDOWED DIVORCED [126 KIND OF BUSINESS OR O CITY OR THE THE Frital Surain Chase of City Care Top 611 Construction Retired Lord Chronic Care Facility Baltimore 13d INSIDE CITY LIMITS? Baltimore IS. MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE MIDDLE Measly Johnson Josephine Brown 16b. SOCIAL SECURITY NO 17 INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 212-16-8417 Cynthia Sylvester 119 Nettleton Ct. 2120 18 CAUSE OF DEATH (Enter only one cause per line for 10), (b), and ic PART I. DEATH WAS CAUSED BY hour IMMEDIATE CAUSE (o Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF Year underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NON YES [NO I 21g. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION COUNTY CITY OR TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased fram ond that in (my) (our) opinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL FUNERAL old be ditt PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22e ADDRESS 5900 Eastern Ave, Ball Beacham 0 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 236. DATE 23¢ NAME OF CEMETERY OR CREMATORY 8-27-86 Crownsville Vet. Cem. Crownsville. A.A. Co.. Burial 24 FUNERAL DIRECTOR 25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Sort- Marine DHMH - 16 50M 4/83 Marshall W. Jones, Jr. FH 4101 Edmondson Ave. (VRA 15, 4)

en fall 676-151 Consume of the Resided I CI CII 'JI T nckede 5 22-1---- Oyusuka aylyester li settleton Ct. Else

		FOR		DEDART	STATE OF	H AND MENTAL HY	PIPAIP	0 0	1 5	4
3.6	1 -	STATE REGISTRAR		DEFARI		E OF DEATH	,	. NO.	O	
0 0		EASED NAME FIRST		DDLE	LAST	5 M 5 M 4	20 DATE OF DEATH	H MONTH	DAY YEAR	26 HOUR
	(Step	phone	C	Joine	25	8/27	186		3°50 A
	3. SEX	Male	1. RACE Blace	K	5. DATE OF BIR	TH DAY YEAR 4- / 85	6. AGE IN YEARS LAS	T BIRTHDAY) YRS.	MONTHS DA	
35	(RITHPLACE ISTATE ORFOREIGN OUNTRY) BOLLIMOTE, MD	16 CITIZEN OF W	A COUNTRY	* MARRIED WIDOWED	NEVER MARRIED DIVORCED	9. BALTIMORE CIT	Y OR COUNT		re City M
38		Paltimore	UF NOT IN SUCH !	SPITAL, NURSI	ING HOME OR OT		120. USUAL OCCUP (TYPE OF WORK FOR MC Unemploy	ATION OST OF WORKING I	12b. KINI	OF BUSINESS OF
35	13a. S	LERESIDENCE (IF NURSING HOME TATE 136 COL	OR OTHER INSTITUTION, GI JNTY	BOLLIN	WN 13d.	NSIDE CITY LIMITS?	13e.STREET ADDRES	ss / zip cou	DE ST.	21223
30	14. FA	STEDHONO.	WIDDLE	Joine.		COTHER'S MAIDEN NA	ME	E	Col	lier
medicol		AS DECEASED EVER IN U.S. A	RMED FORCES?	66 SOCIAL SEC	CURITY NO. 17. II	VFORMANT		DRESS		
E		NO		279-3.		Valarie Co	rnish 166	3 E. C		ing Lane
ation, ar remaval. raumotic event, th		Conditions, if any, which		as a consequence	L 11 a	ponital ex	anotic b	eart o	disease	
r to buriol, cremation, ar injury, or other traumotic	ION	Conditions, if ony, which gave rise to immediate cause (0), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	(c)	omplica AS A CONSEQU	UENCE OF	/				
ne prior to burlol, cremation, ar in ws ony injury, or other traumotic	TIFICATION	gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR A	omplaca AS A CONSEQU HTRIBUTING TO	UENCE OF	RELATED TO THE TERA		ONDITION G 20b. IF YI IN CERT	IVEN IN PART	
Hygiene prior to buriol, crematron, or 18 shows any injury, or other traumotic	CAL CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR A (c) CONDITIONS CON 196. CONDITI 216. TIME OF HOUR A.M	OMPLACA AS A CONSEQUE STRIBUTING TO ON FOR WHICH INJURY MONTH E	LENCE OF DEATH BUT NOT	RELATED TO THE TERA	Z00 AUTOPSY?	ONDITION G	IVEN IN PARTES, WERE FIN	DINGS USED SES OF DEATH? NO
Amental Hygiene prior to buriol, cremation, or is them 18 shows ony injury, or other traumotic	MEDICAL CERTIFICATION	gove rise to immediate couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	DUE TO, OR A CONDITIONS CON 196. CONDITI 216. TIME OF HOUR A.M P.M. 216. PLACE OF	OMPOLICA AS A CONSEQU NTRIBUTING TO ON FOR WHICH INJURY MONTH E	DEATH BUT NOT H OPERATION WA DAY YEAR 19	RELATED TO THE TERA	200 AUTOPSY? YES NO RED (ENTER NATURE OF	ONDITION G	IVEN IN PARTES, WERE FIN	DINGS USED SES OF DEATH?
of Health and Mental Hygiene prior to buriol, cremation, or 21 is marked or Item 18 shows any injury, or other traumotic		gove rise to immediate couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DIFFERENCE LEARNING NOTIFY MEDICAL EXAMINED CONTRIBUTION OF CONTR	DUE TO, OR A (c) CONDITIONS CON 19b. CONDITI 21b. TIME OF HOUR A.M P.M. 21c PLACE Of (AT HOME, STREE	AS A CONSEQUENT ON FOR WHICH MONTH E	DEATH BUT NOT H OPERATION WA DAY YEAR 19 216. FARM. ETC.) 217.	RELATED TO THE TERM S PERFORMED HOW INJURY OCCUR	200 AUTOPSY? YES NO RED (ENTER NATURE OF	ONDITION G 28b. IF YI IN CERT Y INJURY IN ITEM 18	IVEN IN PART ES, WERE FIN IFYING CAUS (ES PART I OR PART COUNTY	DINGS USED SES OF DEATH? NO
Dept. of Health and Mental Hygiene prior to buriol, cremation, or if them 21 is marked or Item 18 shows any injury, or other traumotic		gove rise to immediate couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DIFFETTING AUSE OF DIFFETTING	DUE TO, OR A CONDITIONS CON 196. CONDITI 216. TIME OF HOUR A.M. P.M. 216. PLACE OF (AT MOME, SIREE PLACE OF AT MOME, SIREE	AS A CONSEQUENT ON FOR WHICH MONTH E	DEATH BUT NOT HOPERATION WA DAY YEAR 19 216. PARM. ETC.) DEGR.	RELATED TO THE TERM S PERFORMED HOW INJURY OCCUR LOCATION STREET 1 In (my) (aur) opinion EE ATTENDING PHYSICIAN (200 AUTOPSY? YES NO RED (ENTER NATURE OF	20b. IF YI IN CERT IN JURY IN ITEM 18 IR 10WN e date and ha	ES, WERE FIN IFYING CAUS (ES	DINGS USED SES OF DEATH? NO
them 21 is morked or Item 18 shows ony rijury, or other traumotic	MEDICAL	gove rise to immediate couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DIFFERENCE AT WORK AT WORK AT WORK AT WORK AT WORK (I) (this has saw the deceased alive cabove, (I) (we) Idid (did 122b. SIGNATURE	DUE TO, OR A CONDITIONS CON 196. CONDITI 196. CONDITI 216. TIME OF HOUR A.M. 216. PLACE OF (AT HOME, STREE) 197. COR PRINT) 107. COR PRINT)	AS A CONSEGULATION ON FOR WHICH INJURY MONTH E FINJURY TI, FACTORY, OFFICE, deceosed from, 19— Ter death.	DEATH BUT NOT H OPERATION WA DAY YEAR 19 216. PARM. ETC.) 226. 226.	RELATED TO THE TERM S PERFORMED HOW INJURY OCCUR LOCATION STREET 10 (my) (aur) opinion EE O ATTENDING PHYSICIAN (ADDRESS 22 S. Gree	200 AUTOPSY? YES NO RED (ENTER NATURE OF CITY O CITY O MEDICAL DIRECTOR PHY	20b. IF YI IN CERT IN CERT IN STAFF YSICIAN	IVEN IN PART ES, WERE FIN IFYING CAUS (ES PART I OR PART COUNTY 221. DA 222. DA	DINGS USED DESCOP DEATH? NO [] STATE The couses stoted TE SIGNED
Dept. of Health and Mental Hygrene prior to buriol, cremation, or if them 21 is marked or Item 18 shows any injury, or other traumotic	WEDICAL MEDICAL	gove rise to immediate couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DIFFETTING AUSE OF DIFFETTING	DUE TO, OR A CONDITIONS CON 196. CONDITI 196. CONDITI 216. TIME OF HOUR A.M. 216. PLACE OF (AT HOME, STREE) 197. COR PRINT) 107. COR PRINT)	AS A CONSEGULATION ON FOR WHICH INJURY INJURY IT, FACTORY, OFFICE, deceosed from, ther death.	DEATH BUT NOT H OPERATION WA DAY YEAR 19 216. PARM. ETC.) 226. 126. NAME OF CEMET	RELATED TO THE TERM S PERFORMED HOW INJURY OCCUR LOCATION STREET 1 In (my) (our) opinion EE ATTENDING PHYSICIAN (ADDRESS	ZOO AUTOPSY? YES NO NO RED (ENTER NATURE OF CITY O MEDICAL PH MEDICAL PH 23d LOCATION CITY OR TOWN CITY OR TOWN CITY OR TOWN	20b. IF YI IN CERT IN CERT IN STAFF YSICIAN STAFF	ES, WERE FINITES, WERE FINITES	DINGS USED DESCOP DEATH? NO [] STATE The couses stoted TE SIGNED





STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

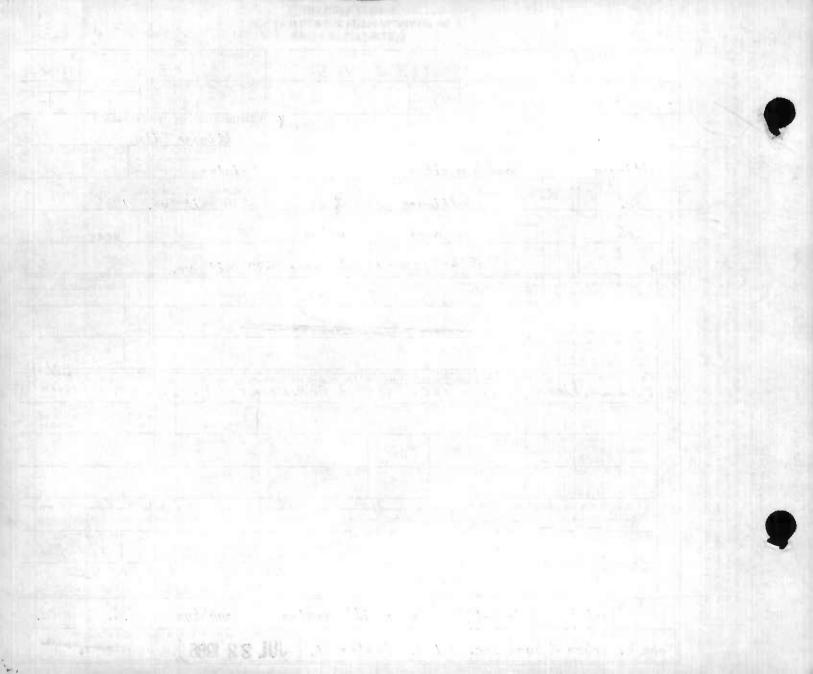
2	2	6	8	-1
10	00-48			

C	1-	FOR STATE REGISTRAR		DEPARTM		EALTH AND A	RENTAL HYGIE	NE &	2 2 No.	4 8	-	
0		CEASED NAME FIRST BLAN	NIDE CE	DIE		ONES		20 DATE OF DEATH	монтн 0 7	19 86	26 HOU	IR S6 PM
	3. SEX	MALE	4. RACE CAUCAS		5. DATE C		YEAR 54	AGE INYEARS LAST	BIRTHDAY) YRS.	MONTHS DAY		24 HRS MIN.
3		RTHPLACE (STATE OR FOREIGN COUNTRY) Md.	76 CITIZEN OF WH		MARRIEI WIDOWE		AARRIED TO	Baltimore City				MD.
5		altimone	1 1 1	SPITAL, NURSING ACRITY, GIVE STREET AS IMILIITA		R OTHER INST		120 USUAL OCCUPA (14PE OF WORK FOR MOS Painter	ATION	126. KIND	OF BUSINE	SS OR
5	13a S	AL RESIDENCE HE NURSING HOME OF ATTE	ROTHER INSTITUTION GIV			13d INSIDE CI	NO []	38.STREET ADDRES	s/zipco			
	14 FA	ATHER'S NAME LED	MIDDLE	Jones		Evel	MAIDEN NAMI FIRST	WIDDIE		Deese	AST	
			VE WAR OR DATES!	SOCIAL SECUR 212-74-1		Leb Te	ones 26		ORESS Ve.			
	CERTIFICATION	Conditions, if any, which gave rise to immediate couse to), storing the underlying cause last PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION	DUE TO, OR A	S A CONSEQUENT S A CONSEQUENT TRIBUTING TO DISTRIBUTING TO DISTRIBUTING TO DISTRIBUTION OF WHICH CO	NCE OF	ENAL	FAILU	RE G.1. 13	20b. IF Y	YES, WERE FINE	THREADINGS USED	D D
2	MEDICAL CERTI	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	AID	MONTH DAY	Y YEAR	211 LOCATIO		YES NO DO (ENTER NATURE OF IT		YES 8 PART 1 OR PART 2	NO D	1
	ME	WHILE NOT WHILE AT WORK	(AT HOME STREET	FACTORY, OFFICE FAI	RM ETC }	STREET		CITY OF		COUNTY		STATE
		22d PHYSICIAN'S NAME (TYPE OR PRINT) AND THE STATE OF TH						MEDICAL S DIRECTOR PHY LOCKT	TAFF SICIAN DA	22c. DA	20/8	ated 86
		BURIAL, CREMATION, REMOVAL SPECIFY) Burial	7-22-19			ill (en		Bridge to	yn	Acount	n	là.

DHMH - 16 60M 7/84

John M. Weber & Sons Inc. 409 PRESS. (hester St. (VRA 15, 4)

JUL 22 1986



STATE OF MARYLAND

3 1 - - 5 NYR 23872 MAY 2 1261 Vends or sould gibens the state of the s Anti- Inf. So Sources, etc. THE SHOP INTO THE PERSON OF THE PERSON WAS A PART OF THE PERSON OF THE P

	500	STATE OF MARTLAND	
0-16725	1 - STATE REGISTRAR John	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 8 6 REG. NO. 2 4 8	O
yy be death	1. DECEASED NAME FIRST (TYPE OR PRINT)	A JONES 20. DATE OF DEATH MONTH DAY YEAR 8.13.86	9:2/Am
moy er de	3. SEX	4. RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR	IF UNDER 24 HRS
ector, rs offi	Male	Black 10 13 47 38 YRS MONTHS DAYS	HOURS MIN
1 12 19	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY)	MARRIED NEVER MARRIED ON NEVER MARRIED ON BALTIMORE CITY OR COUNTY OF DEATH WIDOWED DIVORCED BALTIMORE CITY OR COUNTY OF DEATH WIDOWED DIVORCED DIVORCED	WD.
5	BULL MOSE	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 12b. KIND OF (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY	BUSINESSOR
D 2120	USUAL RESIDENCE (IF NURSING HOME OR. 130 STATE 136 COUN		7979
thin 2	14 FATHER'S NAME	15. MOTHER'S MAIDEN NAME	18601
man ored w	VAMES ALBERT	CHERRY LIZZIE MAE MOORE	
IMORE Poges	160 WAS DECEASED EVER IN U.S. ARA {YES, NO OR UNXNOWN} {IF YES, GIVE	SIVE WAR OR DATES)	18601
SALT ore b ore b ore b	18 CAUSE OF DEATH (Enter on	only one cause per line fai (a), (b), and (c)	MATE INTERVAL
ST., B phy propolemov emov	PART I. DEATH WAS CAUSED	ATE CAUSE (0) Cardio Vaseular Collapse	
on the ce corbing corbin notice	The Control of the	DUE TO, OR AS A CONSEQUENCE OF	
REST e decinomove notion troum	Canditions, if any, which gave rise to immediate	(b) UREMIZ Pericanditis	
that the day the ease relation of cerminal of the record of the relation of th	cause (a), stating the underlying cause last	Due to, or as a consequence of	
DS, 20 quires 1 signed hen ple to burio		CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIG	
no rie d	196 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDIN	GS USED
he lo on. hos t per	Hypertens 190 Date of Operation 210. Accident was underlying	YES NO YES YES	OF DEATH?
ON OF VITA	00.00	HOUR A.M. MONTH DAY YEAR	
5 ≥ 5 × 5 × 5	GIF EITHER NOTIFY MEDICAL EXAMINER) 21d IN JURY OCCURRED	21e PLACE OF INJURY 211 LOCATION	STATE
DIVISION OF PER THE	WHILE NOT WHILE AT WORK	(N. COME, STREET, CALCUM), OFFICE, AND, CLC Y	31010
TENDI rel or TOR: A or use or use or use	22a.1 certify that (1) (this hospit sow the deceased alive an		hat (I) (we) last
R ATT hospin IRECT	obove, (1) (we) (did) (did nat 22b SIGNATURE	not) view the body alter death. DEGREE 22c DATE S	
The Detacl	Drace (attending medical staff 800 physician Director physician	73.86
O HOSPITAL Hound by th O FUNERAL hould be det with the State	22d. PHYSICIAN'S NAME (14PE OF	A. Cordts Frances Scott Key Med Cent Bal-	to. Md
~ and not	23a BURIAL, CREMATION, REMOVAL	AL 236. DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION CITY OR TOWN	77.0
999 BP 99	BURIAL	18-30-86 CHURCH CEM GREENVILLE MIS	S.S. STATE
DHMH - 16 60M 7/84	24 FUNERAL DIRECTOR	2772 W, NOVETH AUM ALGO BY REGISTRAR 256, REGISTRAR'S SIGNATURE ALIG 28 1986 REGISTRAR'S SIGNATURE ALIGNATURE	RE
(VRA 15, 4)	SENSI'Y HAMEDY	2772W, NORTH AUM AUG 28 1986 Preparticion 10	

AND THE PARTY OF T The same of the second of the Augusted The same parties and 1379 thin talk and the Stant Hardy Paray Lary Made 48600 BARRY STREET STREET STREET STREET STREET Marcine E-36 PA Charles Com Segment White Steering Lieburg 272 Stale Word on Payer

injury, or oth

Item 18

ŏ

IMPORTANT: If Item 21 is

r. poge 3 ter death

	1 -	FOR STATE REGISTRAR	DEPARTA	NENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	ENE 6	2 2 4	3 /	,
Ì		CEASED NAME FIRST	MIDDLE		AST	20 DATE OF DEATH	MONTH DAY	YEAR 2b H	HOUR
		Naomi			ones		8-1-	1 98	0,0) p M
1	3 SEX	Female "	Black	S. DATE O		6 AGE (IN YEARS LAST BIR	YRS.		NOER 24 ARS
	C	OUNTRY) SC	CITIZEN OF WHAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED DIVORCED	9 BALTIMORE CITY C	y of Ba	1 times	MD.
2	10 CIT	2 1	. NAME OF HOSPITAL, NURSIN	ADDRESS)	1 11	120 USUAL OCCUPAT		KIND OF BUS	SINESSOR
7	115110	L RESIDENCE LIF MURSING HOME OR OTH	So. Baltimor	_	eneral Hosp.	LHOMEMAKE	R	HO	ME
	13a S	TATE aryland 136 COUNTY	13c. CITY OR TOW		13d. INSIDE CITY LIMITS? YES NO [130.STREET ADDRESS	ZIP CODE Ellbank	5/2/2	do
	I4 FA	Moses	Daniels		15 MOTHER'S MAIDEN NAM	WIDDLE	В	OSTIC	Yaul
		VAS DECEASED EVER IN U.S. ARME ES, NO GRUNKNOWN) (IF YES, GIVE W			17 INFURMANT	BALTIMORE 3001 S.		ND 21	225 mi)
		18 CAUSE OF DEATH (Enter only of PART I, DEATH WAS CAUSED EIMMEDIATE (sy condi	puls	nonary ar	rest		APPROXIMATE BETWEEN ONSET	INTÉRVAL AND DEATH
		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUE	enter	time blees	dig			
	NO	PART 2 OTHER SIGNIFICANT COM	nditions <u>contributing to </u>	EATH BUT	NOT RELATED TO THE TERM	inal disease or con	DITION GIVEN IN	PART lia	
1	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WER IN CERTIFYING YES	CAUSES OF D	
1	-	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216 TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OI	RPART 2)	
	MEDICAL	WHILE NOT WHILE AT WORK	218. PLACE OF INJURY (AT HOME STREET FACTORY OFFICE FA	ARM ETC)	211 LOCATION STREET	CITY OR TO		YTAUC	STATE

bb that (It (we) lost 220.1 certify that (1) (this haspital) attended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the causes stated sow the deceased alive on, above, (1) (we) (did) (did not) view the body after death DEGREE 220 DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN

DHMH - 16 60M 7/84 (VRA 15, 4)

0

BP.

24 FNUTATER OR SONS FUNERAL HOME, INC. 2501 GWYNNS FALLS PKWY. BALTIMORE, MD. 21216

23b DATE

8/8/1986

22d PHYSICIAN'S NAME

23a BURIAL, CREMATION, REMOVAL

BURIAL

(SPECIFY)

23c. NAME OF CEMETERY OR CREMATORY Armwell Bapt. Ch.

22e ADDRESS 300

Hanack 23d LOCATION CITY OR TOWN

COUNTY Carolina

. Cem Pampilico



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

, -	REGISTRAR ·			CERTIF	ICATE OF D	EATH	5 5	REG. N	2	Eg	8	8
	CEASED NAME FIRST		MIDDLE	ı	AST	1973	20 DATE C	OF DEATH	MONTH	DAY	YEAR	2b. HOUR
(ITFE	Nathanie	2		Jon	es				8	16	86	٨
3. SE	(4 RACE		5. DATE C	FBIRTH		6 AGE (IN	YEARS LAST BIF	(YADHT)	IF UNDE	ER I YEAR	IF UNDER 24 HRS
	M		В	10	17	18		67	YRS.	MONTHS	DAYS	HOURS MIN.
	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	2			9 BALTIM	ORE CITY		Y OF DE	EATH	1
	rth Carolina	U.s.a		WIDOWE	D NEVER A	ORCED	Rol+	imore.	C:+:			I M
-	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME C			120. USUA	L OCCUPAT	ION OF WORKING	12b.	KIND O	F BUSINESS OR
Ba	ltimore	0-16-	ast Eager		et		Spar:	rows I	oint		,001111	
130. S Ma	AL RESIDENCE (IF NURSING HOME OF TATE 136 COU		GIVE RESIDENCE BEFORE 130. CITY OR TOW Baltimor		134 INSIDE CI	ITY LIMITS?	13e STREET 2546	ADDRESS East	/ zip cot Eage:	r St:	reet	21205
14. FA Pa	THER'S NAME ul	WIDDLE	Jones S	r.	15. mother's Mat	MAIDEN NA	ME	MIDDLE		7	Davi	T S
160 V	VAS DECEASED EVER IN U.S. A		16b. SOCIAL SECU	RITY NO.	17 INFORMA	NT		ADDR	ESS			
y	(ES NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	2311082	34	Nila J	ones 3	321 E.	21st.	Stree	et		
CERTIFICATION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO			NCE OF	NOT RELATED			SE OR CON	IDITION G	IVEN IN	E FINDIN	NGS USED OF DEATH?
RTIF							YES 🗀	NO		res 🗌	10	NO 🗆
MEDICAL CE	27a ACCIDENT WAS UNDERLYING OR CONTRIBUTING ACCIDENT WAS UNDERLYING OR CONTRIBUTING ACCIDENT	21e PLACE (AT HOME STI	M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE F	ARM, ETC.)	211 LOCATION STREET	(aur) opinian	, to	city or to	Solution of the state of the st	. 19 <u>1</u>	DUNTY	
230 E	URIAL, CREMATION, REMOVA	23b. DATE 8/21			EMETERY OR C		23d LOC	CATION TY OR TOWN	• ¬ ¬	COUN	4TY	STATE
1 1 /1 1								7 70 00 11/1.				

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After should be detoched for use with the State Dept. of Heol

IMPORTANT: 1

injury, or other trou

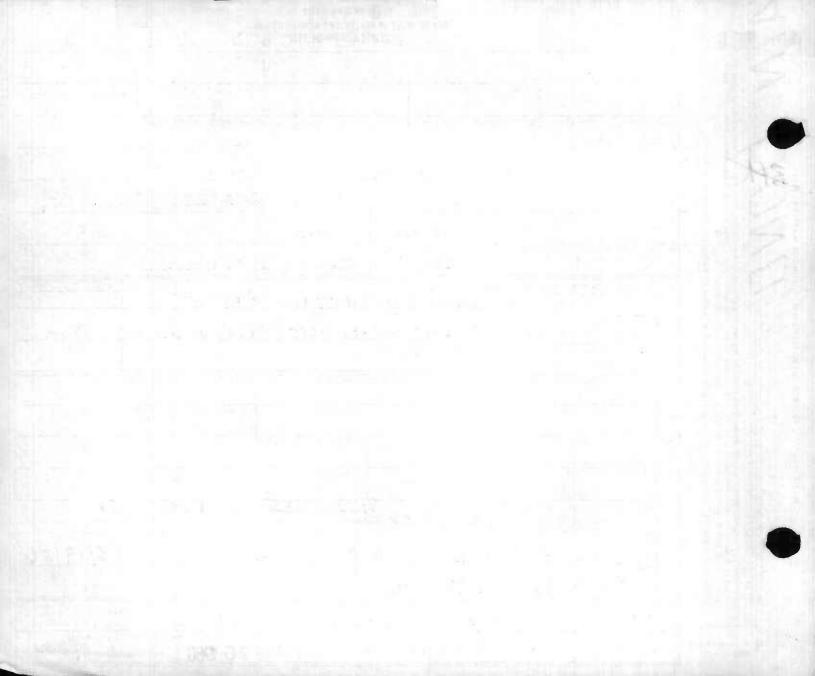
24 FUNERAL DIRECTOR
Wm. C. March F/H Inc.

FOR

or, page 3 fter death

1101 E. Worth Avenue

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Gulia Davidson Bandalle AUG 2



-17061	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 6 2 2	. 8 7
I. DE	CEASED NAME FIRST	WIDDIE	LAST	26. DATE OF DEATH MONTH DAY	YEAR 26 HOUR
9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	Edrow		Jordan, Sr.	August 30,	1986 M
		4 RACE	5. DATE OF BIRTH		UNDER TYEAR IF UNDER 24 HRS
ors off	Male	Black	2 9 15	71 _{YRS.}	
	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY O	FDEATH
	lorth Carolina	U.S.A.	WIDOWED DIVORCED	BALTIMORE CITY,	MD.
by the	BALTIMORE	1020 VALLEY S	TREET	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Laborer	Beth Steel
변 명명 중 13e. S	ALRESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE ITY 13c. CITY OR TOW Baltim		13. STREET ADDRESS / ZIP CODE 1020 Valley Stre	et 21202
14 FA	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	ME	
w pale of w	Matt	Jordan	Martha	WIDDIE	LAST
3 8 0 16a V	VAS DECEASED EVER IN U.S. ARA	MED FORCES? 16b. SOCIAL SECU		ADDRESS	
	NO	237-16-	6075 Edrow Jordan	n, Jr. 5310 St. G	eorge's Avenue
Perch (militare)	18 CAUSE OF DEATH IEnter on PART I. DEATH WAS CAUSED IMMEDIAT	DUE TO, OR AS A CONSEQUE	val Vascular	Aceident	APPROXIMATE INTERVAL BETWEEN ONSELAND DEATH
that the day the ease remain of, cremain	gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE	ENCE OF a 11	matoma	
NG PHYSICIAM: The law requires the ottending physician. The this certificate has been signed by so, the buriol-transit permit. Hen plea th and Mental Hygiene prior to buriol, and Mental Hygiene prior to buriol, and or frem 18 shows any injury, or a medical CERTIFICATION	NA		DEATH BUT NOT RELATED TO THE TERM		
ysicion. ysicion. cote has been signoss permit. There dyglene prior to be 8 shows ony injur	190 DATE OF OPERATION		OPERATION WAS PERFORMED	YES NO YES YES	
2 E E E E E E E	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		AY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18 PART	T OR PART 2}
OinG PHYSICIA or offending p After this certif e os the buriol- olth and Mental marked or Item	21d INJURY OCCURRED WHILE ONT WHILE OF AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE-T	PARMY ETC) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TENDIN pitol or pitol or for use of Healt		ol) ottended the deceased from 19		death occurred on the date and hour o	ste, that (1) (we) lost and from the causes stated
by the muss ERAL DIREC e detoched Stote Dept.	226. SIGNATURE	2 Rame	DEGREE ATTENDING PHYSICIAN P	MEDICAL STAFF DIRECTOR PHYSICIAN	9-02-86 alter Mid. 212
retained by TO FUNERA Should be de with the Stat IMPORTANT	Bannister	L. Kaines,	1-M.D 52254		alte. Md. 2121
BP	BURIAL, CREMATION, REMOVAL		Name of Cemetery or Crematory astview Memorial P	k. Baitimore,	Md. YENUO
	uneral director MArch Funeral Ho	omes 1101 East		E REC'D. BY REGISTRAR 251 REGISTRA	

CT 4 TT OF 41 4 DW 4 4 11 D